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Admixture of Blood With the Urine—Some Cases.*

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The physician who wishes to gain a keener insight into urinary hemorrhage can only acquire it by the careful thought and study necessary to comprehend its true meaning. The ability to manage it, together with the many perplexing conditions that frequently arise, becomes much easier when a thorough knowledge of all its causes and details are mastered; so that the labor required to control it is fully bestowed. Hematuria is the most important objective symptom of the genito-urinary tract and is common to many of the important affections involving the genito-urinary organs.

Blood appears in the urine as a result of several distinct and separate affections of the uro-genital tract. As examples:

1. External trauma (a blow from without) may so damage the kidney, the prostate, the testicle or the penis sufficiently to cause hemorrhage of these organs which subsequently finds its way into the urine.

Internal trauma to the uro-genital membrane such as the passage of a renal calculus, the movements of a large vesical calculus, clumsy instrumentation in catheterization and cystoscopy on the part of a neophyte may also give rise to it.

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*Read before the Southern Medical Association at Birmingham, Ala.

2. Local diseases such as acute Bright's, cancer, sarcoma, parasitic diseases, particularly gonorrhoea and tuberculosis; drugs, benign villous tumors, hypertrophied prostate and hemorrhoids.

3. Constitutional or circulatory diseases dependent on depravity or disorganization of the blood, such as pernicious malaria, scorbutus, purpura hemorrhagica, typhus fever and syphilis.

4. Vaso-motor disturbances to the sympathetic system—persistent active hyperaemia and, very rarely, passive congestion concomitant to obstructive cardiac lesion.

While the presence of blood in the urine is not, of itself, an essential disease, it being only a symptom, we should remember that occasionally some of its causes are so thoroughly veiled in obscurity that we find ourselves unable to detect the precise pathological condition upon which much depends. Particularly is this true if we are not thoroughly familiar with all its probable causes. It is only by careful thought and study of all the available data at our command that we can arrive at a correct diagnosis.

Besides the valuable data obtained by interrogating the patient, which will give us a presumptive diagnosis, it behooves us to verify our suppositions by resorting to exact methods of examination.

The most orderly way of beginning the examination is to take an accurate anamnesis. We endeavor to learn just what diseases have occurred in the patient's family and of what particular maladies his near relatives died.

This inquiry may disclose the fact that tuberculosis, rheumatic and gouty affections, or lithiasis occurred in the patient's family because these diseases play an important role in heredity.

From the patient himself we must endeavor to learn, besides his age, nativity and temperament, whether he has ever had gonorrhoea, syphilis, scarlet fever, hemorrhoids, traumatic injury or other significant diseases.

Having secured all the information obtainable concerning the patient's present illness, its mode of onset, its course and duration, the following detailed information should be sought with the object of at least arriving at a presumptive diagnosis, and which is to be verified later:

When was blood first observed in the urine?

Was the blood clotted or in solution?

Has the blood in the urine ever completely disappeared at any time?

How many days at a time?

Does hemorrhage always take place under influence of motion? (Note 1.)

Does bleeding occur suddenly? (Note 2.)

Does it come on without apparent cause and last a long time? (Note 2.)

Is the hemorrhage difficult to control by treatment? Note 2.)

Does the influence of rest have any effect upon the hemorrhage? (Note 3.)

Does hemorrhage appear at the end of urination? (Note 4.)

Is the urine smoky and is the blood uniformly diffused through it? (Note 5.)

Are there any hemorrhoids present?

Does the first glass of urine expelled contain a clot or clots? (Note 6.)

If so, is the blood coagulum dark and firm? (Note 6.)

Is there little or no blood visable until urination is about completed? (Note 6.)

Does bladder instrumentation increase the hemorrhage? (Note 7.)

Do solutions of aluminum sulphate, silver nitrate, or adrenalin check the hemorrhage? (Note 7.)

Does the first glass of urine expelled contain blood? (Note 8.)

What is the difference in the relative quantity and quality of blood contained in the first, second, and third glasses?

Is urination more frequent than formerly?

Is the urgency of urination present both day and night?

Is the desire to urinate more frequent in the day than at night? (Note 9.)

Does rest exert any influence upon frequency of urination? (Note 10.)

Does activity during the day seem to increase the number of urinations? Note 10.)

Is the quantity of urine passed normal and urination frequent? (Note 11.)

Is the quantity of urine passed larger than formerly? (Note 12.)

Does the patient sleep all night without having to urinate? (Note 13.)

Is the desire to urinate more frequent at night? (Note 14.)

Is the urine expelled in an arched stream or does it fall perpendicularly? (Note 14.)

Is the urination ever suddenly arrested?

Is there ever any pain over the bladder?*

Is there ever any pain in the region of the kidneys? (Note 15.)

Is there ever any pain in the urethra?

If in the urethra, is it near the end of the penis or in the deeper portions of the urethra? (Note 10.)

Does the pain follow urination? (Note 10.)

Does the pain last some time thereafter? (Note 16.)

Does pain occur independently of urination? (Note 10.)

Does exercise increase the pain?

Does rest lessen the pain?

Is there often felt a dull, aching pain in the perineum and rectum. (Note 14.)

Is pain felt only upon urination? (Note 17.)

Additional information, other than that gained by interrogating the patient, may be had by a thorough examination of the urine. This should be done macroscopically, microscopically and chemically. These means afford us valuable aids in diagnosticating the disease.

By reason of the differences in the character of the blood present in the urine we make two divisions of hematuria, namely, *hematuria* pure and simple, and *hemoglobinuria.* In conditions of the first class the blood corpuscles exist intact in the urine; while in conditions of the second class the corpuscles have become disorganized and liberated their hemoglobin, hence the discoloration of the urine.

Occasionally the hemorrhage is so slight that we are unable to detect it macroscopically. In such instances the microscope will generally serve to detect the presence of blood cells; unless their hemoglobin has been liberated (hemoglobinuria), when the spectroscope may be necessary to determine their presence.

Apart from the spectroscope and microscope, there are several chemical tests that are both simple and practical. The most popular of these, perhaps, is the one known as Day's test. This test is made by

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*Pain in this region or high up in the perineum points to hemorrhage from bladder or prostatic urethra.

adding a few drops of alcohol solution of guaiac to the suspected urine and then a small quantity of etheral solution of peroxide of hydrogen. If blood be present a blue reaction results. The ordinary spirits of turpentine (old oxidized turpentine is more trustworthy) and tincture of guaiac when added to urine containing blood also give a decided blue tint.

The gross or macroscopical appearance of the urine generally furnishes information. The simplest way of conducting this examination is with the *three glass test.** The difference in the color of the urine will be more striking if the patient only expels a drachm or so into the first glass, while into the second glass the bulk should be passed, and into the third the few remaining drops still contained in the bladder. If blood be present in the first glass** and not in the second glass of urine the hemorrhage must be coming from some point anterior to the internal sphincter. If present in the second and not in the first glass we must look to the kidney, the prostate or the bladder. If next we thoroughly irrigate the bladder and the flow returns clear and then after waiting awhile so as to examine the third glass and find hemorrhage, naturally we suspect either the ureter, kidney or its pelvis.

In a general way, it may be stated that if the blood is of a bright hue the condition giving rise to it is usually benign; also that the nearer the hemorrhage to the vesical neck the brighter the color of the urine; while on the other hand urine containing blood from morbid or malignant processes is generally of a darker color. When the hemorrhage is urethral it is always washed away with the first gush of urine, provided it does not escape independently of urination. If the urethral hemorrhage has coagulated it is generally discharged as a long, pencil-shaped coagulum and the second glass test will flow comparatively clear; while at the end of micturition the cut-off and ac-

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*The seven glass test of H. H. Young, which even goes a step further than Kollman's five glass test, is a combination of the three glass test and the irrigation test. It requires a little more technique, but it is of undoubted value in obscure and selected cases.

**Fluid blood appearing with the first portion of the stream comes from the deep urethra or prostate. If extensive it may discolor, by flowing backwards the entire contents of the bladder. The urethroscope may be necesary to settle the question.

cellerator urinae muscles will generally force out from the injured part a varying amount of almost pure blood into the first glass.

Hemorrhage from the prostate is apt to contain clots whose general contour and size are suggestive of the prostatic sinus. Such clots are dark and firm, and pure blood is not observed until urination is nearly completed.

If stone in the pelvis of the kidney is causing the hemorrhage caudate cells may, in addition to red blood cells, be detected with the microscope. Caudate cells, however, lose their significance when the neck of the bladder is diseased, unless we have collected the urine from each kidney separately through ureteral catheters directly from the kidneys. In *acute nephritis* the microscope will show blood casts, epithelium from the renal tubules in the form of casts and, usually, caudate epithelium from the pelvis of the kidney.

Hemorrhage from the ureter is occasionally expelled in clots in the shape of angle worms. This is of importance when differentiation between a vesical or renal tumor is to be made.

In order to complete the examination and verify any presumptive diagnosis we have made it is, of course, necessary to examine the patient himself, since the final examination may greatly change or modify our opinion as regards the true cause of the hemorrhage.

On the contrary, it not infrequently happens that the information brought forth by the foregoing investigation is so clear and to the point that we can diagnosticate, quite clearly, the underlying cause of the hemorrhage solely by exclusion.

1. The physical examination should include a thorough examination of the patient's physique, his general make-up; an examination of the heart for lesions; the kidney for the presence of pain and tumors; the rectum for hemorrhoids; the prostate for enlargement; the seminal vesicles for inflammation; and also the base of the bladder. In addition to the foregoing the pelvic organs, the bladder, the penis, the testicles and the scrotum should be carefully examined. All this had best be done *without* instruments.

After the examination has proceeded thus far, the best plan is to put the patient to bed for a few days in order that we may better study the case further before examining the urethra and bladder with in-

struments; for there is danger to these patient's in acting *too quickly.* This not only gives us time to give careful thought and study to the case but affords an opportunity to give him absolute rest; while at the same time we put him on what is practically an alkaline diet; bread and milk. Meanwhile his bowels should be thoroughly evacuated by a mercurial and his kidneys flushed with some good spring water, and an urinary antiseptic—oil of eucalyptus and salol, in 10 minim and 10 grain doses, respectively (capsules), or urotropin in 5 grain to 7 1-2 grain doses is given. Cystogen answers very well, but it is about the same thing as urotropin, only its price is higher. It is a rule to which I have seen no exceptions, that patient's receiving this preliminary treatment invariably stand the stone searcher, cystoscopy, urethroscopy, and both ureter and bladder catheterization far better than those not receiving it. In conditions of emergency this preparatory treatment cannot be given and, moreover, in emergencies, cystoscopy and urethroscopy are of little or no value.

2. The emunctories having responded and the patient having rested the patient is now in prime condition for an urethral examination, at least. If the meatus is small meatotomy should be done, so that the meatus will easily admit a 32 (F.) or 34 (F.) soft, flexible bougie a Boule. It will be necessary to use bougies, corresponding in size to the bougies a Boule, not less than every other day for a week or ten days to prevent the meatus from growing up and actually becoming smaller than it was originally; for at best, even when the bougies are used regularly, the meatus will generally contract 2 to 4 millimeters. With the bulbous bougies we can detect any organic or spasmodic strictures that may be present.

By introducing the urethroscope the color, lustre, duplicature and striation of the mucous membrane are observed. Besides erosions and organic stricture, the urethroscope will disclose polypi and papilomata if they be present. If these are the cause of the hemorrhage they may be removed with the curette or the galvano-cautery.

3. The next step is exploration of the bladder. With a velvet-eyed, soft rubber catheter we obtain urine directly from the bladder which should be kept and examined microscopically. The bladder is then irrigated with a 1 to 4000 oxcyanat of mercury solution, followed by an injection of a dram of 4 per cent cocaine solution with an Ultzman

syringe into the prostatic and membraneous urethra. General anesthesia has its d sadvantages and is seldom necessary. After waiting about three minutes we may introduce the cystoscope; and it is advisable to employ both the prismatic and the direct view instruments. The former is more comfortable to the patient and, besides giving a better view of the ureters and trigonal tissue, prostatic hypertrophy and bleeding can often be seen. In order to see the prostate and anterior wall it is sometimes necessary to employ the retrograde cystoscope.

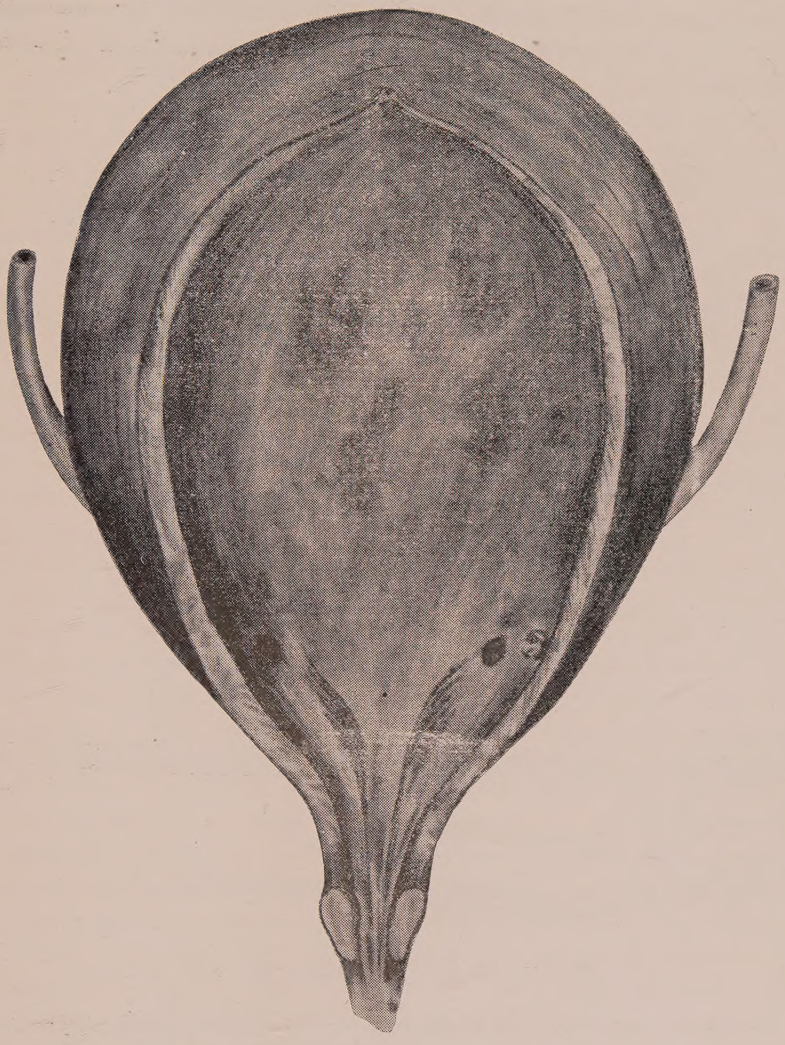
4. *Cystoscopy.* For catherizing the ureters and obtaining a better view of the fundus I prefer and generally employ Cabots direct view double-barrelled irrigating cystoscope.

Bladder dilatation by water excels by far the method of air dilatation; and in reason, because in the former we have a cool medium moreover an antiseptic medium; and then, too, the bladder is accustomed naturally, to containing a fluid, while air, now and then, acts upon it like a foreign body. When it is dilated by a clear, antiseptic fluid (e. g., oxycyanat of mercury 1 to 4000) its folds are smoothed out and villous tumors, if present, may be easily detected floating free in the liquid medium. Also, if jets of blood or pus are issuing from the ureters, if villous or papillomatous processes are bleeding, or if the prostate is present, the cystoscope will bring them clearly into view.

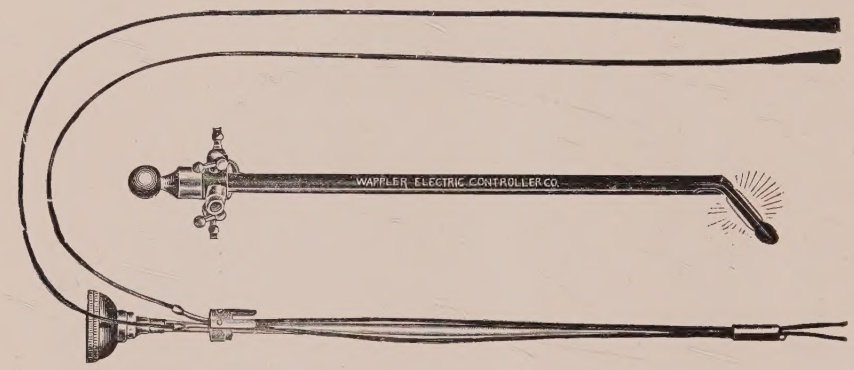
Failure to observe a stone occurs in difficult cases where the calculus is embedded in a sacculation. Likewise, failure to locate the ureters occurs when they lie between folds of mucous membrane or are covered over by trabeculae. But such cases are the exception and generally it can be determined with certainty which kidney is affected and, also, the functional power of each kidney.

Cystoscopy has a distinct place, apart from its service as a means of diagnosis. It enables us to remove favorably located tumors with the snare and also to lavage the pelvis of the kidney in pyelitis and consequently cure it. In many cases it reveals the kind of tumor we have to deal with as well as the location of the growth.

Contra-indications; any acute inflammation of the bladder contra-indicates cystoscopy; and in such conditions it is not only harmful but difficult. This is likewise true of the urethra and urethroscopy. In tuberculosis of the bladder it seems to aggravate the condition even more than other measures; and much harm can be done by unskillful cystoscopy in cases of villous tumors, particularly.



CASE V. Showing Sessile Pappilloma to the left of left Ureter. Death from Hemorrhage.



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TREATMENT.

The proper treatment of hematuria involves not only the removal of the cause, when it can be determined, but also the associated conditions that not infrequently go hand-in-hand with it.

In inflammation of the bladder and kidneys hot sitz baths and hot fomentations, together with saline cathartics, urinary antiseptics and diuretics are indicated. The diet* should be as largely non-nitrogenous as possible, with as much absolute rest as can be obtained.

If the cause is attributed to the prostate hot sitz baths, and the psychrophore per rectum, as hot as the patient can comfortably stand it, are palliative measures not to be overlooked; also laxatives for the relief of venous obstruction, and removal of urethral contractures either by operation or dilatation, according to the cause and location.

In acute inflammatory conditions no attempt should be made, as a rule, to check the hemorrhage. Oil of turpentine, ergot, galic acid, and other astringents, when administered by the mouth are of no value in *vesical* hemorrhage. In persistent hemorrhage of the anterior uretha lasting for three days I once used locally a 15 per cent Monsels solution very effectively.

In slight vesical hemorrhage my experience has taught that aluminum sulphate, 2 to 10 per cent, and silver nitrate, from 1 to 1000-500, used as hot irrigations (115 degree F.) are the most reliable. Solutions of suprarenal extract not only fail to do good but they are irritating and occasionally start up a "sledge-hammer" pulse which, of itself, may bring about a condition equal to, or exceeding in gravity, the vesical hemorrhage. I have observed this particularly in bladders that have lost their tone.

Vesical hemorrhage, the result of stone, is easily handled and preferably by suprapubic cystotomy. Villous or papillomatous tumors when located favorably may be removed by the snare. These tumors, now and then, give rise to desperate hemorrhage and such a condition calls loudly for suprapubic cystotomy. Nothing is gained in

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*The diet should consist chiefly of bread and milk. The latter, while not alkaline primarily, shortly becomes so in reaction. Asparagus, tomatoes, strawberries etc., on account of the oxalic acid and more complex substance called mercapton, which they contain should be carefully avoided, as they act as irritants to the uro-genital membrane.

these cases by delay. The bladder should be opened, the tumor snipped off, and the actual cautery applied to the bleeding point, if necessary. A 5 candle power incandescent light with which to illuminate the bladder facilitates the operation. The bladder wall stands the actual cautery very well, a fact that is also well attested in Botini's operation for hypertrophied prostate.

Malignant growths occasioning vesical hemorrhage of the bladder demand a suprapubic cystotomy. The tumor should be excised so as to include a portion of the healthy bladder wall. If this principle is not adhered to we are practically inviting its return.

Tuberculosis of the bladder and tubercular ulcers giving rise to vesical hemorrhage, can only be controlled by removing the cause.

If of the descending type nephrectomy will not only stay the process but will be followed by a complete cure, once the primary tuberculous focus is removed. Irrigations of bichloride of mercury, beginning with a 1 to 10,000 or 1 to 5,000 solution about twice a week and gradually increasing to 1 to 1,000 and 1 to 500, probably gives the best results, locally. In cases of long standing the bladder is usually contracted and irrigations are not well tolerated.

I have seen a 20 or 30 per cent solution of argyrol when injected into the bladder act almost like magic in allaying the pain and tenesmus in these cases, but have never observed any permanent results following its use. The usual medical (dietetic and hygienic) remedies may be tried; occasionally they seem to exert a favorable influence.

Tumors of the kidney and its pelvis, if they are the underlying cause of the hemorrhage, should be handled in the most radical surgical manner. Treatment consists in complete extirpation of the offending kidney, with as much ureter as possible, because these tumors frequently invade the ureters. Surgical interference depends entirely upon the diagnosis of disease in one gland only. By reason of our modern instrumentation and technique this can very readily be ascertained.

For stone in the kidney either nephrolithotomy or nephrotomy, dependent upon suppuration being present, is the operation.

Before reporting a few cases of hematuria I desire to impress upon you these points:

1. The danger of acting too quickly before studying the case carefully.

2. The great danger in delaying in desperate hemorrhage.

3. The danger of aggravating the hemorrhage by clumsy instrumentation, such as cystoscopy when practiced by the inexperienced.

4. The preparatory treatment of the patient prior to instrumentation, particularly cystoscopy.

5. The value of local anesthesia in suprapubic cystotomy, particularly when the patient's condition contra-indicates general anesthesia.

6. The occasional occurrence of hematuria the result of acutely inflamed hemorrhoids.

CASES.

1. *Hemophilia.* Mr. R. L. D., age 28, nativity, Louisiana, occupation, teamster. Patient asserted that he had gonorrhoea seven years ago. Diagnosis: Organic urethral stricture at peno-scrotal juncture, and varicocele. Patient applied March 17th, 1906, to seek relief for his stricture, he being unaware of his varicocele. Examination disclosed a dense, fibrous, inelastic stricture at the peno-scrotal junction. Internal urethrotomy was advised, to which the patient consented. After cutting this stricture a persistent urethral hemorrhage followed, which continued three days and nights. My suspicions were shortly aroused and, upon questioning him, I learned that hemophilia existed in his family; and that on a former occasion he nearly bled to death as a result of an accidental fall when he cut his lips with his teeth. Hot compresses, the usual styptics, and adrenalin gave no relief. On the third night the loss of blood continued unabated and the patient's vitality had begun to wane and little hope was entertained for his recovery, it being estimated that he had passed a pint of blood within the last three hours. Everything else having been tried, a 15 per cent. Monsel's solution was injected with an Ultzman's syringe into the region of the stricture: the hemorrhage ceased immediately and a long blood-clot about the size and shape of a pencil was expelled a few hours later, the patient making an uneventful recovery.

2 *Hemorrhoids.* Mr. W. C., age 32; nativity, North Carolina; occupation, soldier. Patient presented himself because he said he was passing blood in his urine; had noticed it for ten days past but never before. Urethral examination: negative. Rectal examination: showed acutely inflamed hemorrhoids. The prostate was found to be distinctly enlarged, soft and tender. Several specimens of urine obtained at

various times showed a varying amount of hemorrhage, and occasionally clots. Centrifugalized urine revealed red blood cells, caudate cells and a few calcium oxalate crystals. Microscopic examination otherwise negative. The first and second glass tests were always clear. No symptoms of cystitis. Patient was sent to hospital and put to bed until acute inflammation of hemorrhoids had subsided. Meanwhile, the bladder was irrigated with potassium permanganate, boric acid, and silver nitrate solutions. Urinary antiseptics and saline cathartics were administered with no appreciable effect. On September 18th, 1906, assisted by Dr. A. P. Flowers, I operated on this patient for hemorrhoids. A good recovery. Two days afterwards the hematuria disappeared; and two weeks after this, examination of prostate showed that most of its hypertrophy and tenderness had disappeared. At last account, six months ago, there had been no return of hematuria. This case illustrates very clearly that hemorrhoids are, though rarely, a causative factor in vesical hemorrhage. When we consider the intimate association of the hemorrhoidal and prostatic plexuses in their relation to the neck of the bladder, the prostate and the anus, the case is not so surprising after all.

3. *Villous Papilloma.* Mr. J. M., age, 41; nativity, New York. Occupation, electrician. Patient appeared January 3d, 1907, for relief of urinary hemorrhage. First glass test, clear; second and third glass tests showed a moderate amount of hemorrhage. Patient himself called my attention to what he called "a few small particles of fatty substance" mixed with the blood and urine. No cystitis present; and patient appeared to suffer more mentally than physically. Centrifugalized urine showed an abundance of red blood cells together with squamous epithelium and a few uric acid crystals. A diagnosis of villous tumor was made. Patient was put to bed; milk and bread diet ordered, together with cystogen as an urinary antiseptic. He was irrigated twice weekly with a 2 per cent solution of aluminum sulphate, which was gradually increased in strength to 15 per cent. solution. After the third week both the hemorrhage and villous particles began to disappear and by the fourth week there were no further evidences of either. Eight months after there was no return and cystoscopy showed a practically normal bladder with no tumor present.

4. *Passive Congestion of Kidney.* Mr. B. F. H., age, 26; nativity,

Georgia; occupation, painter. Early in March patient consulted me because he said he was urinating blood. He admitted having had syphilis four years previously. Physical examination showed a hypertrophied heart with a distinct mitral and aortic regurgitation. Specimens of urine passed in my presence and also specimens brought for examination showed the urine to contain an uniformly diffused hemorrhage of a dark color. Examination of the urethra, bladder and prostate proved negative. Kidneys could not be palpated. Diagnosis: Passive congestion of the kidney, due to obstructive cardiac lesion. Patient was ordered to have inunctions of mercury, and protoiodide of mercury internally. This had a happy effect as long as the treatment was carried out; but the patient was indifferent and as soon as the hematuria began to clear he would discontinue treatment. Patient passed under my observation eight months ago.

5. *Sessile Papilloma.* Mr. A. W. H., age, 58, married; occupation, insurance clerk. About three months ago patient discovered he was passing clots of blood in his urine. His family physician, whom he consulted at that time, expressed the opinion that they were coming from the urethra. An internal medication was prescribed by his physician and the blood and clots ceased about as suddenly as they had appeared. Urine remained clear until August 3d, when blood and clots were passed three or four times daily for three days. Patient's physician ordered him to bed and prescribed adrenalin chloride internally, and irrigated his bladder daily with hot boric acid solution. Hemorrhage completely disappeared August 9th for a day, only to return in greater quantity the following day. His attending physician at first suspected the prostate as the probable cause of the hemorrhage, but as the prostate was about normal in size he was at a loss how to account for the hemorrhage in this connection. In his efforts to diagnosticate the cause he attempted to use an air dilating cystoscope, with which he was unfamiliar and with which he stated he could make out nothing. Unskilful cystoscopy aggravated the hemorrhage and it had become serious. On August 17th, the physician consulted me regarding the case. From all the data he was able to supply I reasoned, by exclusion, that it was probably a villous tumor. At this time the patient's vitality was beginning to fail and his physician was fearful of losing him. I recommended an aluminum sul-

phate irrigation, stating that if it failed to do good that a suprapubic cystotomy was the patient's only chance. To this the physician stated that he did not think the patient was in condition to stand a general anesthetic. I suggested local anesthesia, which had not occurred to the doctor, he remarking that that threw a new light on the situation. Over two days were lost before family consented to the operation; meanwhile the patient was still passing clots and blood. We performed a suprapubic cystotomy under local anesthesia. The bladder was swollen, protruded considerably above the pubic bone and was suggestive of the gravid uterus. Over two pints of clotted blood were removed. Bladder was irrigated with a hot saline solution and packed with gauze wrung out in adrenalin chloride solution. Up to this time the patient had stood the operation well, but a quarter of an hour later a "sledge-hammer pulse" came on and the patient became irritable. No noticeable change for the next two hours, when the patient steadily declined and died—four hours after the operation. By the aid of a small incandescent lamp the autopsy disclosed a sessile papilloma nearly the size of a dime, located about an inch to the left of the left ureter, and which was not observed in the hurry of the operation. To my mind this case illustrates very forcibly three important points: The danger of delay in desperate hemorrhage: The danger in clumsy cystoscope: The danger of over stimulation from adrenalin chloride, particularly in a bladder that has lost its tone.

6. *Active Hyperaemia of Prostate.* History similar to vesical calculus. Case referred by Dr. J. M. Goldsmith. Mr. A. F. McD., age, 19; nativity, Florida; occupation, clerk. Father died of acute Bright's at 49. No veneral history. Began to notice blood and clots in urine one year ago. Activity increased the number of urinations. Seldom felt the urgency of urination at night. Occasional backache. Once or twice he noticed urination was suddenly arrested. Had pain in region of perineum now and then. Pain always followed urination, lasting two or three minutes. Exercise increased pain; rest lessened it. Hemorrhage only present in third glass test. Residual urine ounces 1. Physical examination: Kidneys could not be palpated; pain absent over bladder; prostate enlarged, soft and tender; no hemorrhoids. Had previously been treated for cystitis through error of diagnosis. Was examined with stone searcher but no stone present. Cystoscope was then introduced and a large, bulging prostate, acutely congested, was

observed; also thick mucus. Ureteral openings: Normal. Prostate was massaged and expression contents examined, which were largely composed of thick, viscid mucus and red blood cells. Treatment: Gentle massage of prostate twice weekly alternating with full size Guyon sounds, and bladder irrigated with nitrate of silver, 1 to 4,000, gradually increasing to 1 to 500. All symptoms subsided in three weeks. Has had no treatment for past four months; neither has there been any return of symptoms.

NOTES.

Presumptive evidence of:

1. Vesical or renal hemorrhage.
2. Tumors of kidney.
3. Rest amounts to nothing in renal hemorrhage.
4. Neck of bladder, hypertrophied prostate and vesical calculus.
5. Renal.
6. Prostatic.
7. Villous tumor of bladder. Solution of adrenalin, aluminum sulphate, etc., when introduced into the bladder will not check renal hemorrhage.
8. Urethra.
9. Neuroses of bladder.
10. Vesical calculus.
11. Posterior urethritis, or cystitis.
12. The bladder capacity remaining intact, this is presumptive evidence of diabetes mellitus, diabetes insipidus, chronic interstitial nephritis, and urina spastica.
13. Patient's with stone, as a rule, sleep all night without having to void their urine.
14. Hypertrophied prostate.
15. The pain of renal colic occurs on the side corresponding to the diseased kidney and radiates along the ureter down into the groin or testicle.
16. Spasmodic pains and affections of bladder.
17. Urethral stricture—pain at sight of obstruction.

Bibliography: Ayers, Cabot, Casper, Christian, Erichsen and Lydston.

928-929 Candler Building.

Pneumonia.*

By O. E. Black, M. D.,

Wilsonville, Ala.

The sinister distinction of holding first place upon the American table of mortality belongs to pneumonia. It causes more than one-tenth of the deaths in the United States each year. It slays the babe from birth and the grandfather of fourscore years. It slays both the rich and poor, the sturdy and weak, the unfed and the starving. And it is one of the few diseases that modern physicians have done but little in lessening its mortality. When the patient gets well it is usually nature that works the cure—nature, and, be it added, good nursing, with whatever assistance the physician can render, which is usually rather meager.

Lobar pneumonia may be defined as an infectious self-limited disease, characterized by a croupous inflammation of the vesicular structure of the lungs, rendering the alveoli impervious to air; by toxemia of varying intensity, by severe chill, headache, pain in thorax, dyspnea, cough, rusty sputum and great prostration, usually ending by crisis. It is a disease, as above stated, that may affect any period of life from the new born till claimed by senile decay. To the sixth year the predisposition is marked, then diminishes to the fifteen year, then for each subsequent decade increases. From one of the last census reports we find that from 45 to 65 years for each 100,000 population there was 100.05 deaths. Above this age 733.77. Pneumonia may well be called the friend of the aged, being taken away by an acute short, not often a painful, illness, thereby escaping "cold gradations of decay," so distressing to himself and friends. Males are more often affected than females. 1890 census reports give 43,739 males, 33,757 females affected. It is more fatal among negroes than whites, is more common in cities than rural districts. Persons exposed most to hardships are more liable to the disease, new comers less so. Debilitating causes of any kind make one more susceptible. No acute disease recurs with such frequency. The percentage of recurrences has been placed as high as fifty per cent. The highest number is reported by Benjamin Rush as 28 per cent. Statistics are unanimous in placing the highest

*Read before the Talladega County Medical Society.

evidence of the disease in the winter and spring months. Predisposing causes may be summed up as being any cause that lessens the fighting or resisting ability of the bronchial tubes and lungs, such as cold, exposure, traumatism, or excess of any kind, thereby lessening the resisting powers of the parts above mentioned. The exciting cause is usually the diplococcus of pneumonia, which was isolated in 1880 by Pasteur, and proved to comply with Koch's law in 1884 by Fraonkel. This diplococcus can be easily demonstrated microscopically by any of the ordinary methods as described by any work on microscopy from the sputum, and at times from the blood. This diplococcus may affect numerous other organs thereby causing a general septicemia. The infectious nature of pneumonia has been recognized much longer than the cause. It may occur as a sporadic case; epidemically, as at Ashland during the winter of 1905, said to have been from 50 to 75 cases, with the usual death rate; or it may occur pandemically. The clinical course is that of an acute, self-limited and infectious disease. The lung involvment or local lesion may bear but little proportion to the constitutional symptoms.

The pathological changes since the time of Laenic have been divided into three stages, viz.: engagement, red hepatization and gray hepatization. In the first stage which lasts from one and a half to three days, when chest is opened the affected portion remains distended, is of a deep red color and is more resistent to touch than normal lung. On section, a frothy blood stained mucus freely exudes. Mycroscopical examination reveals a dilated and tortuous condition of the capilaries, swelling of alveoli cells and slight corpustular exudate.

In red, or second stage, which lasts from three to four days, the volume of hepatized lung is enlarged, firm, of a dark red color, brittle, will sink in water, is very friable and granular in appearance, caused by fibrinous plugs projected from alveoli; microscopally, shows a mesh of coagulated fibre inclosing numerous red blood corpuscles and some leucocytes. In the third stage, the red color gives way to a mottled grey. This may be called stage of resolution. The solidified area begins to soften. The change in color is due to disappearance of red blood corpuscles, compression of capiliaries, and also to the increase of leucocytes and fatty disintegration of some of the elements. The consolidation usually begins at base and passes upward. The lower

lobe of right lung is the most frequent seat of affection. The bronchi and adjacent pleura are usually involved in the inflammatory process.

There may be at the same time, different portions of lung involved in different stages of disease. The heart is distended with firm, tenacious coagula and may be withdrawn from vessels as dentritic moulds. The right chamber of heart is particularly distended.

SYMPTOMS.

The disease usually begins with a decided chill and sharp cutting pain in the affected side followed by rise of temperature to 103 or 105 degrees in 24 hours, which continues high with slight diurnal remissions from three to thirteen days when it falls usually by crisis, which may come in by a profuse sweat or urination, though it occasionally falls by lysis of fever continues longer than fourteen days. There is marked dyspnea, respiration shallow and range thirty to eighty per minute. Ratio to pulse one to three or even one to one and a half. The face is flushed, herpes in 40 per cent. of cases, lips cyanosed, tongue furrowed, bowels constipated, urine scant, highly colored and albuminous. Patient greatly delirious, marked leucocytes. Cough is a pronounced symptom, first short and dry, but in 36 to 72 hours there is rusty, tenacious sputum. This is considered the crucial symptom of disease. Mycroscopically, the sputum contains red blood corpuscles, diplococci, pneumonia and other micro-organisms and some leucocytes.

PHYSICAL EXAMINATION.

Position of patient is not constant, though the patient rests at first more comfortably on affected side. Inspection of thorax may show at first no difference in movement, though later is marked. The interstitial spaces are not obliterated. The expansion of unaffected side is increased noticeably. Pulsation of affected lung may cause marked movement of chest wall, increased number of respirations, action of accessory muscles and dilation of nostrils with each inspiration. Palpation vocal fremitous is increased. Pleural friction may be felt. There may be in earliest stage hyperresonance from diminished intrapulmonary tension. As disease advances we may get dullness to a considerable degree. On auscultation during stage of congestion we hear crepital rales at full inspiration caused by the forceful separation of the vesicular walls, they being glued together by fibrous

material. At stage of consolation, reveals exaggerated vocal resonance and bronchial breathing. During resolution the softening of exudate causes the fine crepitant redax rale.

In senile pneumonia but few of these symptoms may be noticeable. Comes on insidiously, though delirium is common; extreme weakness and death from exhaustion. In children the disease begins at apex, is often ushered in by convulsions, may simulate meningitis. Typhoid pneumonia is nothing more than asthenic cases with extreme nervous symptoms.

Pneumonia in drunkards develops gradual marked dyspnea, temperature not high, but extreme delirium.

Central pneumonia begins in center of lobe, no outward symptoms for two or three days, and a number of cases on record which had abdominal symptoms resembling appendicitis and other abdominal diseases, that soon showed up to be central pneumonia.

Among complications may be mentioned pleurisy, peri and endocartis, abscess of lung, delayed resolution and rheumatism. Diagnosis from pleurisy. In pleurisy rarely a distinct chill, fever not so high, pulse not so rapid, no rusty sputum nor such pronounced nervous symptoms; have bulging of intercostal spaces level of which changes with the change of position of patient; have displacement of apex beat. Vocal fremitus and resonance diminished. Breath sounds generally weak. From phthisis, from history of onset, remittent fever, profuse sweats, and finding of tubercular bacilus. From pulmonary oedema, no fever, no chill, affects both lungs, expectoration frothy and serous, abundant subscrepitant rales. From typhoid fever, by sudden onset, rusty sputum and usually no abdominal symptoms.

PROGNOSIS.

In the young and strong and those of regular habits, good. After age of 60, bad. In drunkards exceptionally bad. If there is co-existing heart or kidney lesion, bad. Mortality from 18 per cent to 25 per per cent.

TREATMENT.

There is a great diversity of opinion as to the treatment of pneumonia. For a great many years there have been two general modes—each being indorsed by some of the best men in the profession—one

using cardiac stimulants as the principal treatment, the other using cardiac sedatives. In the last decade a third has been added which consists of the combination of the other two with more eliminants and antiseptics added. This is known as the antiseptic method. If pneumonia was a constitutional disease with a local inflammation in the lung there would be no more results expected by treating the lung direct than a typhoid ulcer in typhoid fever. We should bear in mind that we are not treating pneumonia, but a patient with pneumonia. If we have a simple mild case of pneumonia without any complications, whose previous health has been good, there is no reason for a more vigorous treatment than in other acute self-limited disease. There is no reasonable way around the fact that there is an immense amount of fibrin and toxins formed during course of the disease. The fibrin, we know, produces the consolidation, the presence of toxins is made manifest by fever, delirium, etc. Hence it is reasonable to conclude that if we can check or lessen the formation of fibrin, which is not a normal constituent of blood, we can lessen the amount of consolidation. If we can lessen the formation, or increase the elimination, of toxines we will lessen the highly nervous condition present and have better control of fever. It is argued by many that a temperature of 103 degrees is essential or helps the patient in the manufacture of antitoxins to overcome disease, but to this I cannot agree, as I have seen a number die with temperature no higher and other symptoms no more exaggerated. I have treated some fifty cases of lobar pneumonia during my professional life. The first half I used the cardiac stimulant treatment, as I was taught in the medical colleges which I attended, at which I was much prejudiced against any other form of treatment, adding small doses of quinine for its supposed antiplastic action, and expectorants with an occasional dose of some coal tar derivative as an antipyretic, with elimination from alimentary canal and kidneys. The mortality with this treatment was about 35 per cent. To say that I was entirely dissatisfied with this rate of mortality expresses it but mildly, so after consideration I determined to try other methods which I had seen highly spoken of and which seemed after careful study to be plausible; that was to use cardiac sedatives guarded by stimulants, to hold temperature below 101 degrees and pulse 100 or below with aconitine and digataline and, if needed, strychnine or nitroglycerine, nitroglycerine being used for weakened

right heart, at the onset emptying the alimentary canal and arousing the emunctories with small doses of calomel and salines; continuing salines as needed; followed by the sulphocarbolates; also using some local application as terpentine stupes or some preparation on the order of thermofuge. With this treatment I lowered the mortality more than one half. Something over a year ago, I noticed an article in the Journal of the A. M. A. contributed by a western physician on the use of enormous doses of quinine sulphate, combined with mur. tr. iron as an abortive for this disease. I was greatly interested in the treatment suggested as I knew quinine to be one of the very best antiplastic drugs we have and that it also relieves congestion greatly. I thought possibly my former disappointment with quinine was due to having used too small doses. At this time having a severe case which was not yielding properly to treatment used, I decided to try the Westerner's way. The case was a married woman, age 28, dynamic, 4th day of disease, temperature about 103 degrees and other symptoms in like proportion. At 3 p. m. I gave near 60 gr. quinine sul. with 5 drops mu. tr. iron, quinine every 12 hours for two days, iron every 3 hours until convalescent. Patient had profuse sweat the night after first dose of quinine. At 3 p. m. following day temperature 99 1-2 degrees. The second day after beginning quinine temperature was normal, with slight rise following day, next day normal, remaining so, making uneventful recovery. In all I have used this treatment of undisputable lobar pneumonia, for adults in seven cases using as high as 75 grs. at dose, repeating in 6 to 8 hours, with only one death. In justice to this treatment, will say, that this patient was unable to take treatment as directed owing to unusual nausea and vomiting. In one case of boy age 12, 36 hours after pronounced chill with all symptoms of first stage of pneumonia I gave 35 grs. quinine, repeated in 8 hours mu. tr. iron, 4 drops, repeated every three hours. Temperature normal in 24 hours without recurrence of symptoms. In all cases with quinine treatment referred to above emptied bowels thoroughly with calomel and salines, and in most of them found it necessary to use cardiac stimulants. The mortality with this treatment, in my hands, has been 14 per cent. I do not consider this or any other treatment a specific for this much dreaded disease, but I do believe it is

well worthy of trial as it prevents greatly the exhaustion and toxemia that usually accompany pneumonia. Of course at times it may be necessary, especially if you have pleuritic complications, to use something further than has been mentioned for present relief, either mustard plaster or some opiate. In a number of dynamic cases bleeding might be beneficial, though among the country people, where all the suitable cases I have attended have lived, owing to the prejudice against such, it would be extremely bad policy.

To sum up my mortality rate: the usual eliminative and cardiac stimulative treatment has had a percentage of 35; the cardiac sedative, guarded with stimulents, 15 per cent; the Mexican or quinine treatment, 11 per cent.

Heart Sounds.*

By Geo. A. Hogan, B. S., M. D.,
Birmingham, Ala.
Prof. Minor Surgery Birmingham Medical College.

The circulatory system is the collection of organs which have for their function the circulation of the blood. It consists of the heart, arteries, veins capillaries and lymphatics.

The heart is the great central pump of the circulatory system. It is contained in the chest or thorax. It lies between the right and left lungs and inclosed in a covering called the pericardium.

The pericardium is a conical, membraneous closed sac, surrounding the heart and the roots of the great vessels. It occupies the greatest part of the middle mediastinum, its apex upwards, its base downward and attached to the central tendon of the diaphragm.

The heart is a hollow, muscular organ, placed obliquely within the chest and inclosed within the pericardium. Its base is directed upwards and backwards, opposite the fifth to eight dorsal vertebrae; its apex downward to the left, opposite the interspace between the 5th and 6th costal cartilages. Its weight is about 10 to 12 ounces in male, 8 to 10 ounces in female; length five inches, breadth 3 1-2 inches, thickness 2 1-2 inches.

Its interior is divided by a longitudinal partition in such a manner as to form two chief chambers or cavities—right and left. Each of

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*Read before JeffersonCounty Medical Society.

these chambers is again subdivided transversely into an upper and a lower portion, called respectively, auricle and ventricle, which freely communicate one with the other; the aperture of communication, however, is guarded by valves, so disposed as to allow blood to pass freely from auricle into ventricle, but not in the opposite direction.

Right auricle is situated at the right part of the base of the heart in front. Its walls are thin and it is quadrilateral in shape. The principal openings are sup. and inf. vena cavae; coranary sinus or vein-protected by coranary valve; auricular-intricular opening-oval aperture one inch in diameter, surrounded by a fibrous ring protected by tricuspid valve. Right ventricle occupies the chief part of the antrior surface of the heart, as well as a small part of the posterior surface; it forms the right margin of the heart. It takes no part in the formation of the opening of the apex. Into it are two openings—the auriculo-ventricular at the base and the opening of the pulmonary artery also at the base but more to the left, both orifices are guarded by valves the former tricuspid and the latter semilunar.

Left aricule occupies posterior part of the base of the heart and is best seen from behind. It is quadrilateral and receives on either side two pulmonary veins (4 in number without valves.) Ariculo-ventricular opening, an oval aperture, rather smaller than the right, and protected by the bicuspid or mitral valve. Left ventricle occupies the chief part of the posterior surface. In it are two openings very close together, viz., auriculo-vintricular and the aortic, guarded by bicuspid or mitral and similunar.

Capacity of the chambers about three ounces. The auricles after death a little less.

COURSE OF THE CIRCULATION.

1. Pulmonary or lesser. 2. Systemic or greater, divided into the Portal and the Renal.

CARDIAC CYCLE.

The series of changes that occur in the heart constitute the cardiac cycle-alternate contraction (systole) and relaxation (diastole.) 72 is the average number of heart beats per minute. Each cycle will occupy 1-72 of a minute or a little more than 0.8 of a second. This may be approximately distributed in the following way:

A. Systole 0.1 plus A. Distole 0.7 equals 0.8.

V. Systole 0.3 plus V. Distole 0.5 equals 0.8.

Total Systole 0.4 plus joint A. V. D. 0.4 equa's 0.8.

SOUNDS OF THE HEART.

When the ear is placed over the region of the heart, two sounds may be heard at every beat, which follow in quick succession and are succeeded by a pause or period of silence. The first or systole sound is dull and prolonged; its commencement coincides with the impulse of the heart against the chest wall, and just precedes the pulse at the wrist.

The second or diastolic sound is shorter and sharper, with a somewhat flapping character, and follows close after the arterial pulse. The period of time occupied respectively by the sounds taken together and by the pause, are nearly equal. Thus, according to Walshe, if the cardiac cycle be divided into tenths, the first sound occupies 4-10 and the second 2-10; the first pause 1-10 and the second pause 3-10. The sounds are often but somewhat inaptly compared to the syllables, lubb-dup.

The factors are concerned in the production of the first sound of the heart (1) the contraction of the ventricles, and (2) the closure and sudden tension of the mitral and tricuspid valves. The sound resulting from muscular contraction is long and low pitched, while that produced by the sudden tension of membranous structure, like the cardiac valves, is short and high pitched. The normal first sound is the resultant of these two factors. The second sound two factors (1) the closure of the aortic and pulmonary valves (2) the sudden tension of the aorta and pulmonary artery. If the blood tension in either vessel be raised the elastic recoil will be more forcible, and a louder or accentuated sound will result. When the factors concerned in the production of either sound of the heart do not come into operation synchronously on the two sides, either sound may be double instead of single, a condition to which the term duplication, or more commonly reduplication, is applied.

Frequency of heart action, the chief circumstances to cause variation are age, temperament, sex, food and drink, exercise, time of day, posture, atmospheric pressure and temperature.

Before birth	150	7th year	90-85
At birth	140-130	14 year	85-80
1st year	130-115	Adult age	80-70
2nd year	115-100	Old age	70-60
3rd year	100-90	In decrepitude	75-60

There is observed a uniform relation between the heart beat and respiration—one respiration to 3 or 4 beats of heart. Force is equal to 18,000 Kilogramma meters of work in the 24 hours.

Innervation of the heart; cardiac branch of the vagus-depressor. The cardiac branches of the sympathetic-augmentor, the anterior root of 3d spinal nerve, and the intrinsic nerves of the heart.

The velocity of the blood-flow is inversely proportional to their sectional area at that point. Average speed in large arteries is a foot per second.

PULSE.

It is a wave of expansion which travels along the arteries due to the propulsion of the contents of the left ventricle into the already full arterial system. You note the following points in feeling a pulse:

1. Its frequency; that is the number of pulse beats per minute. This gives the rate of the heart beats.

2. Its length; that is how long a time each pulse beat occupies.

3. Its strength; whether it is a strong, bounding, or a feeble beat; this indicates the force with which the heart is beating.

4. Its regularity or irregularity; irregularity may occur owing to irregular cardiac action either in force or in rhythm.

5. Its tension; that is the force necessary to obliterate it. This gives an indication of the state of the arterial walls and the periperal resistance.

The Controversy Between the Bureau of Navigation and the Medical Department of the Navy.*

By Jos. B. Greene, M. D.,

Birmingham, Ala.

Formerly Surgeon U. S. Marine Hospital.

The determination of the president to sustain Surgeon General Rixey of the navy in the appointment of a surgeon to command the hospital ship Relief, and the immediate resignation of Admiral Brownson, has brought up anew the old fight between the line and the staff of the navy.

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*Read before Birmingham Medical Library Association.

For the benefit of those who are not familiar with life aboard a man-of-war, I will state that the line officers are those who stand watch on deck and attend the navigation of the ship. In time of war they are in direct charge of the guns. The staff officers are the surgeons, paymasters and chaplains. They are relatively few in number, and not being graduates of the Naval Academy, have not always been regarded as highly by the officers of the line as they should have been. The line officers forget the fact that the surgeons have had four years medical training at their own cost as an offset to their technical training at the Naval Academy. Frequently too the surgeons have had academic training at a college or university, and all have passed the examination in history, literature, geography, latin, botany, chemistry and physics, etc., as required for admittance into the medical corps of the navy.

The opposition to the recent decision of the president to place a medical officer in command of the hospital ship Relief seems trivial in comparison with the advantages offered by such action. They speak of precedent being against staff officers commanding ships, but I am glad the president does not regard this too seriously, if it conflicts with his idea of right.

A hospital ship is nothing more nor less than a floating hospital, and requires no means of defence save the Red Cross of Geneva. This places all on board among the class of non-combatants. and this fact prompted Japan to place her hospital ships in command of naval surgeons instead of line officers in her recent war with Russia.

It is not necessary for surgeons to be skilled navigators. for the ship would be navigated by a civilian captain and crew from the merchant service. This is now being done in the transport service of the army, and was formerly done with the hospital ship Relief when she was used by the medical corps of the army. An army surgeon was then in command, and as far as I have been able to learn, did it to the best interest of the sick and wounded aboard.

A line officer's training has been such that it would be impossible for him to command the ship to the best interest of the sick and wounded. For example, he could see no reason why the ship should not anchor near the shore at a port infected with yellow fever or malaria, unless he believed in the mosquito transmission of these diseases. Many laymen, and even some physicians, do not accept this as a fact.

Such a hospital ship would not be considered a desirable billet from a line officer's standpoint, and in consequence of this fact, a young lieutenant would be in command. From a medical officer's standpoint, the position would be of the highest importance, so a surgeon of high rank and long experience would be placed aboard. It would not be agreeable, nor ever fair, to make such a surgeon report to an officer young in years and of small experience.

We are familiar with the disastrous effect of the army surgeons being subordinate to the line during the Spanish-American war. The surgeons, who are likewise staff officers of the army, had little voice in the location of camps and their proper sanitation. If the surgeons' voices had been heard the army camp would never have been located at Chicamauga, where typhoid raged with such fatality.

It might be added that the president rendered inestimable service to the medical profession, and the country as well, when he had Surgeon Gorgas placed on the canal commission at Panama. Prior to that time Dr. Gorgas was so handicapped in attending the sanitation of Panama that its efficiency was reduced to a minimum. For instance, he was not allowed to purchase such an item as a pound of absorbent cotton nor a thermometer without getting the requisition approval of a member of the canal commission. Since Dr. Gorgas has been on the commission this needless red tape has been abandoned, and we are all familiar with the excellent health conditions in Panama.

If the medical profession of the country will sustain the president and Surgeon General Rixey in their recent action, the medical corps of the navy will soon be elevated to its proper rank and position.

803-4 Title Guarantee Building.

Letter from Dr. Ward to the Birmingham Medical Library Association.*

Docteurs—In complying with my promise to write to the association, I fear that it will be impossible to tell you anything new or startling.

The medical guns of the Hopkins have been turned upon typhoid fever during this trimester. Dr. Barker and his associates have approached it from every standpoint, apparently. In treatment, there have been but few changes. One, they are insisting upon a more liber-

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*Read at meeting held Dec. 30, 1907.

al diet than formerly—giving soft toast, soft eggs and thickened broths throughout the course of the disease to many of the cases.

In this connection, some cases of acidosis were shown. Dr. Barker claims that any patient starved for three days will develop acetonuria and an increased ammonia output, and this lack of carbohydrate metabolism will produce coma, just as in diabetes melitus. The ammonia increase is nature's effort to protect the fixed alkalies of the tissues.

In diagnosis more stress is being put upon blood than upon the Widal reaction, as it appears earlier and is more certain.

They have had some twelve or fifteen cases of paratyphoid during the present epidemic.

A great deal has been in the journals about chronic typhoid bacillus carriers, many of whom have come to operation for gall-stones. The specific organism is found both in the stone and in the bile, and often many years after the attack of fever. It is but a natural inference that all these years this constant stream of bacilli has been poured into the bowel and constantl spread in his feces. Many of the chronic carriers are perfectly well, apparently and would not care to have their gall-bladders drained, so if some drug could be administered by mouth that would sterilize the gall-bladder, as urotropin does the urinary bladder, it would be a great advance in therapeutics, and a great aid in preventive medicine. So some experimental work was begun on the dog. Urotropin was given and the bile and pancreatic juice were collected and both found to contain formalin in quantities sufficient to be of apparent value. Then two patients who had been operated upon for gall-stones and were draining, were given urotropin. Plates were made from their bile before and after taking urotropin, with marked decrease in number of bacteria present. While this number is too small to be fully conclusive, yet they feel greatly encouraged and are going to continue the observations.

Dr. Cole and associates are doing some work upon typhoid immunity, but have made no report as yet.

Dr. McCollum is giving a course in physiological pathology. The work has been upon the respiratory system. He has produced many of the pathological conditions in the dog, e. g., pneumothorax, bronchiectasis, atalectasis, drowning, narrowing the trachea, puffing carmine into the bronchi to produce anthrarcosis, some parafine balls into the

right heart to produce pulmonary enfarcts etc. He has made some attempts to produce pulmonary edema, but has failed so far. This has been extremely interesting and instructive work.

In other lines the work has been about the same as most of you have been accustomed to see when you have been here.

Wishing the association continued success and each member a merry Christmas and a happy new year,

I am fraternally and cordially,

H. S. Ward.

Message of Retiring President of Talladega County Medical Society.*

By W. R. Bishop, M. D.,
Talladega, Ala.

Gentlemen of the Talladega County Medical Society: Another year in the annals of our society has been numbered with the past. The books of rules makes it the duty of the retiring president to give an account of his stewardship.

In compliance with that duty I now address you. Our society was organized in 1886, 22 years ago. Our regulations require at least four meetings a year; according to one of the pioneer members we have never missed a meeting. When organized our charter members were Drs. Boswell, Dixon, Donaldson, Groce, Gist, Harrison, Heacock, Hill Johnson, Keller, McCants, McGhee, Moseley, B. B. and A. G. Sims, Stockdale and Toole, seventeen in all; of these ten have gone to their last resting place. Since then of members and honorary members five have been taken.

Dr. B. W. Toole was our first president and served faithfully for several years. He set us a lasting example of zeal for the good of our society.

The last copy of the transactions gives us thirty-two members and two honorary members. Including this meeting we have had seven regular meetings in 1907. We have had an average attendance of fourteen and from one to three instructive papers at each of these meetings.

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*Read before the Talladega County Med. Society, Jan .14, 1908.

We began the year by having monthly instead of quarterly meetings, but after several months decided to adopt again the regular custom of quarterly meetings. The State Association which was entertained royally at Mobile complimented very highly our society by electing to its highest office one of our members.

The two delegates appointed attended the State meeting with several other members from our society and reported a profitable and enjoyable time.

Dr. McComack gave an interesting lecture during the winter to the members of the society and the citizens of Talladega. One of the valuable suggestions in his lecture was along the line of establishing post-graduate work among the members of the society, which plan we adopted, having a subject lectured and discussed each Monday night; we carried this work on during the winter faithfully, but as the weather grew warmer gradually abandoned it.

Dr. Chas. W. Stiles of the U. S. Health Department at Washington recently made a flying visit to our city, but as the members of the society knew nothing of his visit until it was too late we were unable to entertain in a way due him. During the past year one of our members with some others over the State have visited the capital city and by faithful work accomplished much on the line of establishing a place in the State for the care and isolation of our tuberculous patients.

The chairman of the Board of Censors has reported to you the condition of the alms house, jail and such other matters as come under their jurisdiction. You also have the report of the secretary and treasurer.

As to the benefit derived from being a member a good wide-awake medical society no one will hardly deny; to make the society a success, however, depends upon the interest each member man fests. We should cultivate an ethical spirit each perform to the best of his ability any duty to which he may be assigned. Bringing us together here enables us to know each other in a way that could be attained by no other means. It should and does promote a lasting friendship, a friendship that enables us to see the virtues of our confreres. The activity of one, the modesty of another, the liberality of a third and the skill of the fourth.

While we are working for ourselves work for our society proper. Osler says, cultivate the gift of taciturnity and consume our own smoke

with an extra draft of work so that others may not be disturbed with the dust and soot of our complaints.

Gentlemen, I can assure you that I appreciate the confidence you reposed in me and I beg to say that if I have done or said anything to mar the harmony and usefulness of our organization I have not so intended and humbly beg your pardon.

Annual Message.

By B. L. Wyman, M. D.,

President Jefferson County Medical Society.

In compliance with the provisions of our constitution and in obedience to a long established custom it becomes my pleasant duty at the close of my administration as president to present an annual message giving an account of my stewardship and reviewing the work of the society during the year, which is rapidly drawing to a close. I desire again to express my high appreciation of the distinguished honor, which you in your partiality conferred upon me just one year ago. To be the presiding officer of the largest and best county medical society in the South, is indeed a distinction, to which any physician who loves his profession may well aspire.

When we recall the history of this great society, short as it is, and remember the many eminent physicians and surgeons who have occupied the chair of president and who by their labors have added luster to its annals, we should feel a sense of gratitude and pride that our lives have been cast in this favored community, in this great county of Jefferson; and we should count ourselves fortunate that we are members of a county medical organization which represents all that is best and purest in scientific medicine.

Just twenty-two years ago, if you will pardon a personal reference, when I first became a member of this society, it was composed of a small band of about fifteen or twenty in number, of earnest physicians who met at stated intervals over Ellis drug store on Second avenue. The majority of these pioneers have past away and we have only the record of their good deeds and self-sacrificing services. In these early days Birmingham was a comparatively small place and the county sparsely settled, but the district was beginning to attract attention throughout the country on account of the vast stores of mineral wealth

hidden in the surrounding hills. I was impressed at once with the strength and the ability of the profession at that time. With the passing of years Birmingham and Jefferson county have rapidly increased in population and commercial importance and with the growth of the district this society has grown in size, usefulness and importance, until today it has become the most influential and most active county medical organization south of Mason and Dixon line. We now number upon the roll 237 members and constitute the banner society of the State as well as of the whole South, being composed of as strong and able a body of physicians and surgeons as can be found in any community. We have added during the year thirty-one members. There has been only one death during the year, that of Dr. A. W. Sims, which occurred a short time ago as the result of cerebral embolism following an old mitral lesion, which had impaired his health for several years. Dr. Sims, belonged to the younger group of physicians, who by his ability, energy and force, had obtained a well merited position in his profession. He was formerly for several years the very efficient secretary of this society and was one of the best equipped young professional men in our society. Had his health not failed so early in his professional life he would have reached by his native ability considerable eminence in his profession.

Reviewing the work of the society during the past year I must congratulate you upon the magnificent record which you have made. You will all agree with me when I say that it has been the best year in the history of the society considering the amount and the character of the scientific work which has been accomplished. Early in the year following a suggestion made in an admirable address by Dr. H. B. McCormack, the organizer of the American Medical Association, who was our guest in the latter part of December, your president urged the adoption of weekly instead of semi-monthly meetings, and also recommended the appointment of a committee on scientific work to prepare and have published a scientific program for the whole year, embodying a post graduate course including a large number of the most practical subjects in surgery, general medicine and the various specialties. You at once approved of this plan and you all know the results. The adoption of weekly meetings and of the post-graduate course including one meeting a month devoted to clinical reports was an experiment. I had some misgivings as to the success of the venture, especially with

reference to the effect upon the attendance. Our experience, however, has been entirely to the contrary. Our meetings, forty-eight in number have been well attended and full of interest throughout the whole year. I attribute this very largely to the fact that the committee on scientific work had arranged a most excellent program for the year including a large number of symposia upon the most practical and live subjects in medicine and surgery. The members always knew that there would be something of interest at each meeting.

I desire to express my high appreciation for the large number of very able papers and oral addresses upon the subjects assigned. They have all shown careful preparation and in many instances original research and a large amount of practical scientific work. The text-book paper was not much in evidence and the character of the work including the discussions have demonstrated the fact that the membership of this society are abreast of the times in every department of medicine and surgery. With few exceptions the gentlemen assigned to take part in the program at each weekly meeting have responded cheerfully and have given us very interesting and profitable meetings. I have found considerable difficulty, however, in securing the interest and co-operation of members of the society who live in the suburban and outlying districts. These gentlemen have not come fully up to the duties which have been assigned them. While there may be some excuses for doctors living out of the city failing to attend every meeting of the society there is no reason why they should not present papers especially when they have months in which to prepare the same. I regret very much to say that the greatest amount of work during the year has been done by a comparatively small number of our members. I do not know whether this is due to timidity, lack of enthusiasm or to indifference. As a class physicians, of course, are not ready debaters and many of our members are slow to rise upon their feet in discussion. This I regard as a very great mistake and the habit particularly among the younger men of taking part in the discussions should be cultivated. I have noted the fact during the year that a few well equipped and able members of the society rarely attend the meetings. These gentlemen should remember that we need their counsel and help in maintaining our organization and carrying forward the important work which has been intrusted to us.

The papers presented during the present year if published would make a very valuable volume, and one that I am sure would be an acquisition to any physician's library. It occurs to me that we should have published in book form the transactions of our society for the year, so that a permanent record of the great work which the society is now doing may be preserved. The publication of such a volume would further more stimulate the membership in the careful preparation of papers. This volume could be published at a small cost and would prove one which I am sure you would all prize. I would therefore recommend that you publish the transactions of each year beginning with the present year.

The year just about to close has passed without any general epidemic disease prevailing in the county and health conditions have been fairly good in the city of Birmingham and in other municipalities and parts of the county. During the summer months there was, it is true, a local epidemic of typhoid fever in a rather circumscribed district on the South Highlands. The exact cause of this local infection, so far as I know, has not been definitely fixed. There was, however, a very strong suspicion resting on a local dairy in the center of the infected district as being the original cause. It was noted that after this dairy was closed by order of the mayor, that the disease no longer spread in that locality. In an adjoining block there was no sewerage and a case developed there early in the summer which may have been the original focus.

We have had in other parts of the city cases of typhoid fever, and there has been some very valuable lives lost from this disease. There has been more or less typhoid throughout the suburbs and county. There is one fact, which we must recognize and that is that we have too much typhoid fever in the Birmingham district, and it behooves this society acting in the capacity of a county board of health to devise ways and means of preventing this wide spread infection which confronts us each summer and fall. It is an infection which can be prevented by the proper enforcement of sanitary regulations. It is your duty, gentlemen, to insist upon the enforcement of all sanitary rules, including proper sewerage for dwellings, careful inspection and examination of all kinds of food and thorough and systematic investigation of each case of fever which develops. One great difficulty which

we have to contend with is that the law requiring reports to the health officer of every contagious disease, is not strictly enforced. Your committee of health and local health authorities have done excellent work in Birmingham during the year, but there remains much more to be done in the suburban municipalities. You have nominated health officers for all the incorporated towns in the county, but I am not informed as to the character of the work these new appointed officers have done, but am convinced that to secure efficient service, these health officers must be paid living salaries. I am glad to note the fast that the muncipal authorities are beginning to wake up to the importance of securing good men for these positions.

The health department of the city of Birmingham is now well organized and is receiving encouragement and material help from the board of mayor and aldermen. I take this opportunity to commend Dr. R. B. Harkness, our efficient city health officer, for the very valuable and efficient work which he has done during the year.

Unfortunately there has existed some friction between the city bacteriologist and the city health officer, due, I believe, largely to the fact that the duties of the former official and his relationship to the health department have never been definitely fixed. A committee, however, has recently been appointed to adjust these differences and render these two departments more harmonious and effective. I desire to say in this connection that Mr. Duncan, the city bacteriologist, has a well equipped laboratory, and that he has been very faithful and efficient in the discharge of his duties.

Our society during the year placed itself on record by resolution as favoring the adoption of the King Greater Birmingham Bill, which was finally passed by the legislature and signed by the governor. It is earnestly hoped that the people will adopt the measure at the polls, as the extension of the city limits furnishes the only solution, by which the sanitary and health conditions of the outlying districts can be improved.

Another matter which I approach with some reluctance is the relationship of this society to the State Medical Association. But it is subject of such vital importance that I deem it my duty to offer some suggestions in the interest of harmony and good feeling. For some years past there has been a growing disaffection and preju-

dice against the plan of organization of the State Association. The is more pronounced among the younger members of our society, who, I apprehend, are not entirely familiar with the purposes and objects of the Association and the important work which has been intrusted to it by the State. To refresh your minds upon this question I quote Sec. II., Art. III. of the Constitution—*The Objects of the Association*:

1. To organize the medical profession in the State in accordance with principles and plans herein embodied.

2. To secure careful and reliable accounts of the endemic and epidemic diseases of the State.

3. To encourage the study of medical botany, medical topography and medical climatology of the State.

4. To promote the establishment of a high standard of professional and moral education for medical men with the purpose of protecting the people of the State against the evils of ignorance and dishonesty.

5. To endeavor to secure the enactment of wise and just laws for ascertaining by examination the qualifications of all persons who propose to offer their services to the people of the State for the purpose of treating diseases of human beings.

6. To foster fraternal relations among physicians of the State and thus develop a spirit of loyalty to pure and exalted principles of professional ethics.

7. To combine the influence of the medical men of the State for the purpose of promoting the sanitary welfare of the people, and at the same time of protecting the legitimate rights of the medical profession of the State.

The original constitution of the Association was adopted at Tuscaloosa in 1873 when the medical profession of the State was in a chaotic condition. There was no organization and no law regulating the qualifications for admission to practice and there was absolutely no protection for the people against quack and incompetent practitioners and none of the beneficent health laws which are now on our statute books.

These and other good results have been brought about through the very thorough and complete system of organization in our State Association. Under the leadership of Dr. Jerome Cochran, a new constitution was adopted which gave the Association important legislative functions, not only in regulating the qualifications of admission to

practice in the State, but also establishing a system of health laws which has done more to promote the public weal than any system that can be found in the Union. From time to time efforts have been made in the legislature to break down and disrupt the organization, but thanks to a loyal profession and to an enlightened public sentiment these efforts have always failed. The State Medical Association today is constituted by law the State Board of Health and is intrusted with important and responsible duties. While there may be some defects in the plan of organization and there are honest differences of opinion on this subject among some of our members, the only way to to remedy these defects is not by assuming and maintaining a hostile attitude, but by thorough study of the constitution of the Association and an intelligent discussion of all its provisions upon the floor of the Association. I feel no hesitation in saying that if the members of this society will study this constitution and carry out its spirit to its legitimate ends, they will be convinced that it is one of the best organizations to be found in America.

As a county medical society we receive all our rights, privileges and prerogatives from the State Association, and we should as far as possible endeavor to be loyal and to advance its every interest. If the plan of organization be defective this in time will be remedied, but we should remember that to accomplish any radical change will require an application to the legislature for an amendment to our charter, an undertaking which would be attended with considerable hazard. I appeal to you, then, with all the earnestness that I possess to cease the constant warfare against the Association, but endeavor by a careful study of the constitution, by attending the meetings, and by co-operating with those in authority to make it better and more efficient. The legislature of Alabama at its last session was very liberal indeed in matters medical, having passed all the bills which were introduced, and we have therefore much cause to be thankful. The bill establishing a State sanitarium for tuberculosis, the bill providing for the State Board of Medical Examiners, and abolishing the County Boards of Medical Examiners, the epileptic colony bill, the new health laws and the bill increasing the appropriation for the State health department to $15,000 were all passed and signed by the governor. These results show the confidence imposed in our constituted health authorities by

the legislature. As the result of our perfect system of organization, our influence in the State is constantly increasing and we should endeavor by concerted effort to maintain this desirable position.

The Jefferson County Medical Society occupies an unique position, on account of its large membership and the ability of the men who constitute it. It has been complained that we do not have proper representation in proportion to our members. This may be true in a democratic sense, but so far as I can see, it works no great hardship on any individual member. What I regard as of more importance to us in Jefferson county is the thorough organization of the local profession. We have already a very large proportion of the licensed physicians of the county, who are members of this society, but there are some who do not affiliate with us and who do not seem disposed to allign themselves with the organized profession. By personal effort many of these men can be brought in.

The functions of th e county medical society are three fold, scientific, social and material. The scientific aims of the organization are the essential constituents and are necessary to raise individual standards and to furnish inspiration to the members. The social features are needed in order to hold the structure together, to furnish good fellowship which is so necessary. There should be no clique or factions. Today we are face to face with duties and problems, not only as members of the profession, but as members of society as well. So long as problems of public sanitation are to be solved, so long as the health of the community is not what it should be, so long as the medical profession in town or county is not sought in all matters of health and physical well being, just so long is there work to be done of a practical nature by the county medical society. Pure water, proper sewerage disposal, prevention and regulation of epidemic and contagious diseases, pure food, pure drugs, inspection of public institutions and tenement houses, safe guarding the life and health of school children are all matters which belong primarily to the medical profession, for which the county medical society is established and for this purpose should ask the support and co-operation of every broad minded and unselfish physician.

It has been reported to me that there are quite a number of physicians practicing in Jefferson county who have not registered their cer-

tificates. This is a matter which should be investigated by the Board of Censors, who under the law are required to notify all illegal practitioners and see that violations of the law are enforced. I would recommend that the society employ a representative or agent whose duty it shall be to make a personal inspection and investigate the situation as it is. In many of the larger cities this plan has been adopted and has been followed by most excellent results in bringing to light and exposing all those who are engaged in irregular and illegal practice. Under the new law provision has been made for the revocation of license for immoral conduct, habitual drunkenness and the production of criminal abortion. This is a law which has been needed for many years, and I trust it will be productive of great good in the prevention of unprofessional conduct and practices, which should not be allowed in a profession which demands the very highest and purest types of manhood.

What shall be done with the pretender, the quack, the advertising charletan and the Christian Scientist are questions as yet which the profession has never been able to solve. I see no way of reaching a solution of these vexed problems, except in the education and establishment of a healthy public sentiment, which will discourage and condemn all such practices. So long as the laity are ignorant in all matters pertaining to medicine these parasites will continue to survive and thrive and do their nefarious work in gathering in their victims.

During the month of October a movement was inaugurated by several enthusiastic members of the society to establish a permanent home where our meetings could be held and where a permanent library could be established and maintained. This has been a long felt want and one which is devoutly desired as the society has moved about from pillar to post with no abiding place for many years and being subjected to many inconveniences. Our present place of meeting is not suitable for public speaking on account of the noise and poor acousties, but it is the best that we can do for the present. Our society is now large enough, and if proper effort is made we can purchase and build a suitable home which when completed would add greatly to the comfort and convenience of the members and will be a pride to us all. A resolution was adopted endorsing the movement and carrying with it the appointment of a committee to provide ways and means of securing

the lot and erecting the building. On account, however, of the financial panic, which came shortly after the adoption of the resolution, nothing has been done. I would recommend that this movement be pushed at the earliest possible moment.

And now gentlemen, in conclusion I desire to thank you for the uniform courtesy, co-operation and help which you have given me during the year and which has added so much to the success of the society during my administration. My relations with you have been of the most pleasant character and I shall always look back upon my years as president as one of the brightest periods of my life.

Society Reports.

THE SHELBY COUNTY MEDICAL SOCIETY.

The Shelby County Medical Society met in Columbiana on Jan. 14th. The following officers were elected: Dr. E. G. Givahn, of Montevallo, President; Dr. O. E. Black, Willsonville, Vice President; Dr. T. J. Bickley, Calera, Secretary; Dr. H. I. Williams, Columbiana, Treasurer; Dr. C. T. Acker, Columbiana, Health Officer.

THE TALLADEGA COUNTY MEDICAL SOCIETY.

At its annual meeting held Jan. 14th, at Talladega, the Talladega County Medical Society elected the following officers for the coming year: President. Dr. E. P. Cason, Talladega; Vice President, Dr. H. L. Castleman, Sylacauga; Treasurer, Dr. D. P. Dixon, Talladega; Secretary, Dr. C. W. Burtz, Talladega; Censor, Dr. T. K. Mullins, Talladega; Health Officer, Dr. T. K. Mullins, Talladega.

THE MONTGOMERY COUNTY MEDICAL SOCIETY.

The Montgomery County Medical Society elected the following officers for the ensuing year at its annual meeting held in Montgomery Dec. 14th: Dr. H. B. Wilkinson, President; Dr. W. G. Thigpen, Vice President; Dr. P. S. Mertins, Secretary; Dr. Shirley Bragg Treasurer; Dr. J. L. Gaston, Censor; Dr. Glenn Andrews, County Health Officer; Dr. H. T. Lay, County Physician.

Correspondence.

PERMANENT HOME FOR THE JEFFERSON COUNTY MEDICAL SOCIETY.

Editor Alabama Medical Journal:

If you will kindly give me space in the Journal I would like to say a word in encouragement of the effort now being made to secure a permanent and exclusive home for the Jefferson County Medical Society.

Only those members who attend regularly fully appreciate the value of the meetings. They know also that the meetings are of more value to them as individuals the more largely they are attended. For this purely selfish reason (if you will) these steady goers occupy their minds a good deal from time to time with problems and speculations as to the best means of increasing the interest in and attendance of the meetings.

We found this last year that the weekly meetings and printed program in conjunction with the efforts of efficient and wide-awake officers paid magnificently in increased attendance and scientific results. We have now reached a point where it is universally conceded that a home of our own, comfortably fitted up and furnished with some club room and library advantages, will pay a handsome dividend in increased interest and attendance and profit to ourselves and respect from the thoughtful laity and the profession over the South. The first step toward the attainment of this home of our own should be a campaign of discussion, persuasion, argument and education to bring out clearly what these advantages will be worth, to the end that the members will see the economy of voting an increase of the dues to meet the expense. No public nor private improvement should be started until some reasonable assurance is had of a definite income that can be depended upon. In this case the dues should at least be sufficient to meet the running expenses. Voluntary contributions will probably be liberally made, but contributors will specify for what their contributions should be used. These cases will be to apply on furnishing the hall, to be expended on the library, or add to an endowment fund. Even when

now restricted to certain uses by the donors such contributions, I think, should never be used to defray running expenses. If a contributor does not specify what his contribution is to be used for it should always be added to the endowment fund, the interest on which, can be used for anything the board of governors sees fit.

If the society is persuaded to vote the increase in the dues as suggested the committee on permanent location can immediately provide rented quarters, furnish it comfortably, and establish a sinking fund for future use in building on our home, and waiting on this last will be more tolerable than to wait as we are doing now in borrowed quarters, a condition that commands little respect from any one.

If this increase in the dues is voted every member could be made a member of the Birmingham Medical Library Association, we could give them space for their books and journals and they could use our hall for their meetings. The two associations having the same membership would perhaps better amalgamate and retain the officers of the Library Association as a library committee, board of control, or what not.

If such quarters could be had in one of the big office buildings it would afford the following advantages, viz.:

Economy of cost and maintenance.
Central location.
Efficient service.
Freedom from dust and noise.
And most important of all, *fire proof safety for our library.*

If the members who have thought about this matter and favor the growth of our society in dignity and standing in the community commensurate with our scientific growth. attainments and standing in the eyes of the profession at large, will take the trouble to discuss these and other points of the argument with those members who have not given it so much thought, the increase in the dues ought to be voted almost unanimously. If there should be any falling off in the membership we think it would be small and that the few who would drop out on account of it would probably all come back under the attractions of the new regime.

G. S. Brown, M. D.

Editorial.

W. H. BELL, M. D., Editor.

COLLABORATORS:

T. W. Ayers, M. D., Hwang-hien, via Chefoo, China.
J. T. Searcy, M. D., Tuscaloosa
L. C. Morris, M. D., Birmingham.
J. A. Goggans, M. D., Alexander City.
W. W. Harper, M. D., Selma
Frank T. Smith, M.D., Chattanooga, Tenn.
E. D. Bondurant, M. D., Mobile
B. L. Wyman, M D., Birmingham
Thomas D. Parke, M. D., Birmingham, Ala
W. H. Wilder, M. D., Birmingham,
D. F. Talley, M. D., Birmingham.

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The Office of City Bacteriologist of Birmingham.

It is indeed unfortunate for the people of Birmingham that factional differences in the city council have been so pronounced and bitter for some months past. Not the least harmful act resulting from these differences and other conditions was the passage by the council recently of an ordinance separating the office of city bacteriologist from the city health department, requiring him to report direct to the mayor instead of the city health officer and the city department of health.

By all means the office of city bacteriologist should be a part of the department of health of the city, and a very important part it may

be made. Divorced from it, and sustaining unfriendly relations to the Board of Health, which is composed of most of the medical profession of the city and county, it seems to us very little can be accomplished by it. We can not conceive of any reason why the city bacteriologist should desire his office to be other than under the supervision of, and in harmony with, the department of health. The health and welfare of the people and not personal aggrandizement nor official position should be the aim and object of the city bacteriologist as well as of the city aldermen.

We give below a clear and succinct statement of the conditions recently issued by the committee of health, and resolutions recently passed by the Jefferson County Medical Society:

STATEMENT OF BOARD OF HEALTH.

The board of health of Jefferson county has given out a statement relative to the health department of Birmingham, as follows:

The organized medical profession of Alabama has long been granted, by the State legislature, control and supervision of the health and sanitary interests of the whole State; of the State proper through the State medical Association; of the counties and municipalities through the county medical associations. These State and county medical associations are inter-related and constitute a complete health system. These constitute the advisory and supervisory health boards of State, counties and municipalities, and none other is provided for.

In the discharge of these legal duties and responsibilities, the Jefferson County Medical Society, through its official representatives—the committee of health—has supervised, for many years, the sanitary and health interests of Birmingham. At the suggestion and with the aid of this committee of health, the city of Birmingham nearly four years ago adopted a system of health laws and created a city health department.

Two years later the city council was induced by the health committee to install a bacteriological laboratory in order to make more efficient the work of the city health department. In the progress of public health affairs a bacteriological laboratory has come to be essential in the determination not alone of a number of disease conditions threatening to public health, but in the determination of harmful contaminations of the public food and water supplies. Wherever such a labor-

atory has been installed, be it city or State, it has been made a part and parcel of the public health system for the plain reason that logic and experience demonstrate it to have no other place. It can have no other place, if efficiency of the health department is to be expected.

When the city authorities consented to establish this bacteriological laboratory the health board by unanimous vote recommended a non-medical man for the position of bacteriologist.

With satisfaction we call attention to the improvements that have followed the creation of a health department for the city. Health affairs have been looked after as never before and the improvements in the public milk supply consequent on the activities and supervision of the city health officer has been marked and noticeable. Public reports made by this officer to the mayor and aldermen during the last three and a half years furnish the consecutive record of the activities and accomplishments.

With satisfaction we call attention to the still greater effectiveness of the department since the installation of the bacteriological laboratory.

The plan outlined by the health authorities warranted the expectation of better and better results in future. The plan contemplated further improvements that would safeguard, more and more, the lives and the health of our citizens. The effect of the ordinance recently adopted by the council will be to disorganize the health system of the city and to most seriously cripple this progressive development.

We gladly bear witness to the fact that during the last four years our aldermen have shown a uniform willingness to carry out suggestions so palpably made in the interest of public health, and we can but think that ten aldermen who voted for the passage of this disorganizing ordinance, did so under mistaken ideas and conceptions.

We are of the positive opinion that a disorganized health department can never grapple with the large problems to be met by a Greater Birmingham. Unity organization, cohesion, inthe health system will alone give us results.

The following resolutions were adopted at a largely attended regular meeting of the board of health, after discussion, and without a dis-

senting voice so far as we were able to determine it voices the opinion of the entire membership.

E. H. Sholl, M. D.,
J. D. Heacock, M. D.,
F. A. Lupton, M. D.,
D. F. Tally, M. D.,
Thos. D. Parke, M. D.,
Committee of Health.

RESOLUTIONS ADOPTED.

The following resolutions were adopted recently by the local medical society:

Whereas, The city council of Birmingham at its last meeting passed an ordinance separating the office of bacteriologist from the city health department; and

Whereas, This action was taken over the protest of this board of health and its official representatives and

Whereas, This board is unanimously of the opinion that the city health department can never reach high effectiveness, while thus disintegrated:

Therefore, Be it resolved that the Jefferson County Medical Society in its capacity of board of health, views with regret and concern, this action of the city council which disorganizes the city health department and must seriously cripple the effectiveness and utility of the department. Be it further

Resolved, That this society as a board of health, disavows all responsibility for the consequences to follow said action.

(Attest) A. F. Toole, Secretary.

A Pleasant Meeting.

The Birmingham Medical Library Association has had a prosperous year. On January 3rd Dr. J. M. Mason, the President, invited the Association with some other friends to meet at his residence, 1915 Sixteenth Avenue, South, at 7:30 p. m. A good crowd attended and the following program was carried out:

"Letters read from some of our members studying in the East and abroad;" Drs. Ward, McLester and Peters.

"Report on the recent meeting of the Southern Surgical and Gynecological Association," by Drs. Torrance, Mason and Brown.

"The present controversory between the Bureau of Navigation and the Medical Department of The Navy," by Dr. Jos. B. Greene, formerly surgeon United States Marine Hospital Service.

After this entertaining program, the guests were turned over by the genial host to Mrs. Mason and some lady friends, who in a most charming manner served refreshments. Thus the evening was spent in a most pleasant meeting of medico-literary and social delights.

A Visit to the Talladega County Medical Society.

Having spent several years of our boyhood days in Talladega county, and numbering among our warmest personal friends some of Talladega county's most excellent physicians, it was with very great pleasure that we accepted an invitation to attend a meeting of that county society held in the beautiful little city of Talladega on Tuesday, January 14th. We arrived at the place of meeting just after the society had convened at 2 p. m., and found present a good attendance. After the regular order of business two most interesting papers were read by Drs. A. F. Toole, of Birmingham, and O. E. Black, of Wilsonville. There was a free discussion of both papers.

The fourteenth annual banquet was held at Miller's restaurant at 7 p. m. After partaking of the most bounteous spread which had been prepared, Dr. B. B. Sims, in a most happy way as toast master, called on various members and visitors. Dr. W. F. Thetford, one of the oldest members of the society present, gave some delightful "reminiscences;" Dr. S. W. Welch spoke on "The State Medical Association;" Dr. E. P. Cason, on "The Talladega County Medical Society;" Dr. A. F. Toole, on "Reminiscences of Venereal Practice;" Dr. P. D. Heacock, on "Metropolitan Practice;" and Dr. O. E. Black, on "Babies." Others who made interesting talks were Dr. A. G. Sims, Dr. W. R. Bishop, Dr. W. M. Gray, Dr. B. B. Warwick, Dr. C. W. Burtz and Dr. A. G. Sims, Jr.

This is one of the best societies in the State, and the younger men in the profession in this county are keeping up the work started by the old leaders, some of whom have already crossed over the river.

An Important Question Before the Jefferson County Medical Society.

The following resolutions were introduced in the Jefferson County Medical Society at a recent meeting, viz: "Whereas attention has been called to an unintentional violation of the spirit of our code of ethics by certain members of this society who comprise the staff of a leading hospital of this city, in that as members of said staff they are required to render free service both medicinal and surgical to patients sent in to the hospital by labor unions and organizations that pay to the hospital the sum of 10 to 25 cents per month for each member; and said patients referred to not being charity patients, but amply able to pay a reasonable fee for service rendered;

And, whereas, this is unjust to the staff, to the profession generally, to the hospital and to the public at large; therefore,

Be it resolved by the Jefferson County Medical Society, that such action be condemned as unethical, and that we call the attention of the members of the staff to this fact and request a discontinuance of this free service to patients who are able to pay for such."

These resolutions were referred to the Board of Censors for consideration. The Board will report on them at the meeting Monday evening, Feb. 3d, when the question will be before the society for action.

It is important that there be a full attendance of the members at that time. For we consider this question one of the most important that has come before the society for some time.

Those who are aware of the conditions know that such free service as mentioned in the resolutions is being rendered by the staff of this hospital. In fact, it has been admitted to the writer by several members of the staff. But they are compelled to do this to retain their position on the staff. Indeed, we have been informed that former members of the staff have resigned or been discharged, from the staff on account of their unwillingness to render this free service. All who have carefully read our code of ethics are aware that it is a violation of the code to render gratuitous service to "institutions endowed by the public or by rich individuals, societies for mutual benefit," or to members of any profession or occupation who are able to pay. (See code of ethics, art. I., sec. 3, page 220 Book of Rules.)

Now, why should the Jefferson County Society wink at a palpable violation of our code, simply because the violators are prominent members, or on a staff of a prominent hospital? However, we are not disposed to censure too severely these members. Heretofore they have not perhaps given the matter due consideration, and even now, they are restrained from giving free expression of their opinions for fear of losing their positions.

But, the attention of the members of the staff and of the members of the society being called to the matter. all should stand together for a high ethical standard, and abandon anything which even savours of a violation of our code.

We call upon the members of this leading society to show their independence and stand for right and justice, regardless of any influence or attempted intimidation. No influence should be allowed to dictate to the profession of this city or county as to its standard of ethics, nor influence them into its violation.

So we urge every member to come out next Monday night and express by his voice or vote his conviction of what is right and just.

The Recent Trip of the State Board of Health.

Our efficient State Health Officer, Dr. W. H. Sanders, recently planned a trip for the State Board of Health to a few of the leading counties of the State for the purpose of holding meetings, where the profession, the State and county officials and the public generally could be instructed as to the work and management of our public health system.

The first meeting was held in Montgomery on Jan. 6th. Other meetings were held in Mobile, Selma and Birmingham. Fair crowds attended these meetings and it is hoped that much good resulted. At these meetings, the State Health Officer explained briefly the objects or the meeting and outlined the benefits of the system. He presented a schematic drawing showing the relations to the system of the legislature, the governor and the State Medical Association, and the Board of Health in the different capacities of board of censors, board of examiners and committee of public health; also the relations of the executive force to the system. The relations of the counties and municipalities to the system were then taken up. Different officials of the

organization then explained in five minute talks the duties of the different departments of the system.

It would be well if such meetings as these could be held in all the counties of the State. There is a woful lack of knowledge, even in the profession, and especially among the State and county and city officials, many of whom are important factors in their management and enforcement, of our system of health laws. We have one of the most perfect, if not the most perfect, system of public health laws in the United States, and any efforts to familiarize the profession and the public with them will not only result in good, but will exemplify the value of the system and show the far-seeing wisdom of the brain that conceived it. We hope that this tour of education by the Board of Health can be continued at convenient intervals until every county of the State can be reached.

Personal Notes.

Dr. A. G. Sims, Jr., has removed from Talladega to Pyroton, Ala.

Dr. W. E. Burt has moved from Louisiana to Talladega, Ala., to practice medicine.

Dr. J. B. Elliott of Moundville, was in Birmingham on business on the 3rd inst.

Dr. S .W. Welch, of Talladega, the President of the State Medical Association, made a flying trip to Birmingham recently.

Dr. W. R. Bishop, of Talladega, is building a sixteen room brick building to be used for the accommodation of surgical and gynecological cases.

Dr. A. A. McKittrick, an aged and prominent physician of Evergreen, and a Counsellor of the State Medical Association, died at his home on the 19th.

Dr. James S. McLester, 830 South Twentieth St., Birmingham, wishes to announce that he will be absent from his office for purposes of study October 1, 1907, to October 1, 1908.

Dr. B. D. Sibley announces that he has moved his office to the second floor of the First National Bank Building, rooms 227 and 228, where he will continue the practice of eye, ear, nose and throat work.

We acknowledge an invitation to the marriage of Dr. Frank Allemony Lupton to Miss Mary Watts Woods at Christ Church, Charlottesville, Virginia, on the evening of Wednesday, the 12th of Feb., at half after eight o'clock.

Dr. Lupton is a prominent physician of this city, and is a member of the Jefferson County Board of Health. We extend congratulations.

The editor acknowledges a very cordial invitation from Dr. J. F. Alexander, President of the Bibb County Medical Society, to attend a meeting of that society in Centerville on Jan. the 16th, and a "bird hunt" on the next day. We regretted our inability to attend. The hospitality and goodness of the Bibb county doctors is known to us and it would have given us great pleasure to have been with them on that occasion.

We are in receipt of a program of the meeting of the Tallapoosa County Medical Society to be held at Alexander City on Tuesday, Jan. 28th. The first paper is a "Report of Two Cases of Albuminuria," by Dr. C. C. Fargason, of Dudleyville, discussion opened by Dr. A. L. Harlan, of Alexander City; second, "Report of a Case of Unicinariasis," by Dr. H. L. Castleman, of Sylacauga, discussion opened by Dr. H. T. Hamner, of Camp Hill; "The Treatment of Certain Skin Diseases," by Dr. W. E. Maxwell, of Kellyton, discussion opened by Dr. O. V. Langley, of Camp Hill; "Intussusception of the Intestines," by Dr. J. A. Goggans, of Alexander City, discussion by Drs. I. D. Nolen, of New Site, and J. P. Watkins, of Opelika; "Diphtheria and its Treatment," by Dr. R. A. Foshee, of New Site, discussion by Dr. C. C. Radford, of Alexander City.

Dr. A. J. Coley is President and Dr. N. B. Dean, Secretary; Committee of Reception, Drs. T. H. Street and N. B. Dean.

Book Notices.

A Text-Book of Minor Surgery. By Edward Milton Foote, A. M., M. D. Instructor in Surgery, College of Physicians and Surgeons (Columbia University); Lecturer on Surgery, New York Polyclinic Medical School; Visiting Surgeon, New York City Hospital; Visiting Surgeon, St. Joseph's Hospital; Consulting Surgeon, Randall's Island Hospitals and Schools; Former Chief in Surgery at the Vanderbilt Clinic. Illustrated by four hundred and seven engravings from original drawings and photographs. D. Appleton & Company, New York and London. 1908.

To the field of minor surgery the work of the average practitioner is almost altogether confined, and the surgeon finds the majority of his patients here. Hence the need of an up-to-date work on the every-day problems which comprise the most of the surgical work of the average doctor. The author supplies this need in an admirable manner in this volume. He has had a rich experience to draw from in the preparation of the book, and gives in a compact and clear form the results of this experience.

We recommend the book as worthy a place in the library of every doctor.

International Clinics. A Quarterly of Illustrated Clinical Lectures and especially prepared original articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopaedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and other topics of interest to students and practitioners. By leading members of the medical profession throughout the world. Edited by W. T. Longcope, M. D., Philadelphia. Volume IV. Seventeenth Series, 1907. Philadelphia and London. J. B. Lippincott Company.

This well known quarterly keeps up its high standard of excellence. Henry reports four cases of Treatment of Tetanus by Intra-spinal Injections of Magnesium Sulphate. Chantemese gives Five Years Experience with a Anti-typhoid Serum. Other interesting articles are the Ophthalmo-reaction to Tuberculin by Colmette; Fractures of the Femur

by Sights; Report of Cases of Perforation in Typhoid Fever Operated upon at Pennsylvania Hospital by Mitchel; Management of Pregnancy by Wainwright; Improvement in the Method of Determining if Gonorrhoeal Infection is Present in an Inflamed Prostate or Seminal Vesicle by Ballenger; Disorders of Sleep by Stewart; and Thiosinamine in the Treatment of Deafness by Lermoyez. All the articles of this volume are good.

A Handbook of Suggestive Therapeutics, Applied Hypnotism and Psychic Science. By Henry S. Munro, M. D., Americus, Georgia. Illustrated. C. V. Mosby Medical Book and Publishing Company, S. Louis, Mo. 1907. Price, $3.00.

To the great mass of the profession the field of physiological psychology and the scientific therapeutic application of its principles in suggestion is *terra incognita,* although many volumes have been written on the subject. The author in this book emphasizes the value of suggestive therapeutics in a field of work within the domain of the general practitioner. He gives clinical evidence and the facts of his personal experience as proof of its value, and also a detailed explanation of how to apply suggestion efficaciously, both with and without hyponotism as a therapeutic adjunct. The book is an interesting one and the author has "boiled down and crystalized the subject into a readily assimilable and excellent form for practical clinical use."

Cosmetic Surgery. The Correction of Featural Imperfection. By Charles C. Miller, M. D. Including the description of a variety of operations for improving the appearance of the face. 136 pages. 72 illustrations. Prepaid $1.50. Published by the Author. 70 State St., Chicago, Ill.

This is an interesting little volume in which the author explains the operations which he has found useful in treating featural imperfections. While there is in the profession apathy regarding elective surgery for the correction of featural imperfections which are not actual deformities, yet there is beyond doubt a demand by the public for such work, and Dr. Miller is perhaps one of the leading surgeons in the development of this specialty. The author expresses his opinion

that this little book is merely the forerunner of works in this line as pretentious as any upon special subjects. We commend it to all interested in this line of work.

Gonorrhea. Its Diagnosis and Treatment. By Frederick Baumann, Ph. D., M. D., Professor of Genitourinary Diseases in the Reliance Medical College, and Instructor in Dermatology and Venereal Diseases in the College of Physicians and Surgeons, Chicago. Fifty-two illustrations in the text. New York and London. D. Appleton & Company. 1908.

The author furnishes in this book a concise digest of the diagnosis and treatment of the gonorrheal infections of the lower genitourinary tract. While it was prepared, as he states, at the oft-repeated request for such a digest of the students attending his clinic at the Medical Department of the University of Illinois it is well worth a place in every doctor's library.

PAMPHLETS RECEIVED.

The Sleeping Canopy and the needs of such means of ventilation. By Charles Denison, A. M. M. D., Denver, Colo. Reprint of Jour. A. M.

The Fourteenth Annual Report of the Board of Managers of the Craig Colony for Epileptics for the fiscal year, ending Sept. 30, 1907. Wm. P. Spratling, M. D., Supt.

Influence of Food Preservatives and Artificial Colors on Digestion and Health. Sulphurous Acids and Sulphites. By H. W. Wiley, M. D., U. S. Dept. of Ag., Bureau of Chemistry. Bulletin No. 84.

Vacation Memories. By Flavel B. Tiffany, Kansas City, Mo.

Tuberculin and Tuberculin Therapy, H. K. Mulford Co., Philadelphia.

Peritoneal Tuberculosis. By Parker Syms, M. D., of New York. Reprint from Annals of Surg.

Blastomycosis and Its Congeners. By A. W. Brayton, A. M., M. D., Indianapolis. Reprint from Trans. Ind. State Med. Ass'n.

Syphilis, Past and Present. By N. D. Brayton, A. B., M. D., Panama.

Miscellaneous Notes.

GRADUAL ANAL DILATION BY A NEW METHOD.

Dudley Roberts of Brooklyn says that rapid dilation of the anus under anesthesia is never satisfactory and that the methods that have heretofore been used for gradual dilatation have never been so good as to avoid pain and be effectual at the same time. He has devised an elastic bag which is inserted into the rectum and gradually inflated. It produces a dilatation that is painless and that when repeated at regular intervals results in a cure.— *Medical Record,* December 14, 1907.

"The physician who assumes the responsibility of prescribing for his patient, surely has a perfect right to demand of all things,—honesty, uniformity and efficiency." This being true, the announcement of The Cloftlin Chemical Company concerning "EMULSION CLOFTLIN," made elsewhere in this journal, will be of interest to the particular physician. An examination of their literature which they furnish on application, with liberal samples for clinical test, clearly indicates that nothing has been left undone to make this preparation conform to the highest standard of professional demand.

Here, at last, is an emulsion of cod-liver oil prepared with as much care as your druggist prepares your prescriptions,—its component parts selected and qualified by the word, "best," and which, upon your order can be dispensed in bottles devoid of anything that would instruct your patient as to its name or character. It is a preparation that you can prescribe and know that your patient will get precisely what you order!

We sincerely trust that the profession at large will recognize the correctness of The Cloftlin Chemical Company's position and will give a fair trial to the merits of "Emulsion Cloftlin."

A USEFUL TONIC.

The season is now on us in which we find many patients suffering from coughs and colds. In many of these cases the general system is below par, and in order to hasten recovery from the catarrhal conditions of the air passages a general tonic is indicated. Cod liver oil is a century old remedy for coughs and where the stomach can handle it

there exists no reason why it should not be employed, and in such cases the results are satisfactory. But in many of these sufferers digestion is enfeebled, the appetite is poor and cod liver oil is not well borne. Fortunately for patient and doctor, modern pharmacology has provided a preparation of this valuable agent which contains "all of the oil except the grease," to which has been added the hypophosphites, with glycerin and agreeable aromatics. It is not only wonderfully efficatious, but pleasant to the taste and readily handled by the weakest stomach. We allude to the well known Hagee's Cordial of the Extract of Cod Liver Oil Comp. prepared by Katharmon Chemical Co., St. Louis, Mo.—*The Carolina Medical Journal.*

NEWS ITEM.

Training in Medical Organization.

The students of the University of Pennsylvania Medical School have formed an organization, the purpose of which is to acquaint the undergraduates with the workings of the American Medical Association, after which it is very closely modeled. The various student societies take the place of the State organizations and elect members to a House of Delegates which transacts all the business of the association. An annual meeting is held at which papers are read by chosen members, thus encouraging original research and a scientific spirit. The organization is named. The Undergraduate Medical Association of the University of Pennsylvania, and already has over two hundred and fifty members.

CHANGE OF SCENE AND PROPER MEDICATION.

During the past two months, we have met with more la grippe than anything else, and the number of cases in which the pulmonary and bronchial organs have been very slightly or not at all involved, has been greater than we have noted in former invasions. On the contrary, grippal neuralgia, rheumatism and hepatitis have been of far greater frequency, while the nervous system has also been most seriously depressed.

With each succeeding visitation of this trouble we have found it more and more necessary to watch out for the disease in disguise, and to treat these abnormal manifestations; consequently we have relied upon mild nerve sedatives, anodynes and tonics rather than upon any specific

line of treatment. Most cases will improve by being made to rest in bed and encouraging skin and kidney action, with possibly minute doses of blue pill or calomel. We have found much benefit from the use of antikamnia & salol tablets, two every three hours in the stage of pyrexia and muscular painfulness, later, when there was fever and bronchial cough and expectoration, from an antikamnia & codeine tablet every three hours. Throughout the attack and after its intensity is over, the patient will require nerve and vascular tonics and reconstructives for some time. In addition to these therapeutic agents the mental condition plays an important part, and the practitioner must not lose sight of its value. Cheerful company, change of scene and pleasant occupation are all not only helpful, but actually necessary in curing the patient.

INFORMATION DESIRED.

Editor Alabama Medical Journal:

The writer desires information regarding any alleged recoveries or cures of inoperable or recurrent carcinoma of the mammary gland.

If any case or cases are known to anyone who reads this circular and can be authenticated by facts as to the history and condition prior to recovery and the length of time which has elapsed since recovery such information will be much appreciated and duly acknowledged.

Any well-authenticated reports of recoveries from carcinoma located in other parts than the mammary gland will be welcomed.

Cancer paste cures xray cures, radium cures, or cures as result of surgical operation are not wanted.

Hearsay cases are not wanted unless accompanied by name and address of the person who can give knowledge first hand.

Address Horace Packard, 470 Commonwealth Ave., Boston, Mass.

Eli Lilly & Company have established a library and reading room in connection with the scientific department and installed as librarian Miss Fanny O. Roberts, a graduate of the Purdue School of Pharmacy '06. In addition to her pharmaceutical training Miss Roberts has a good scientific education which equips her to assume charge of a technical library. Until recently the reference works and periodical literature owned by the house was scattered through the various departments, but for some time the growth of the scientific staff has em-

phasized the need of a central library organized along modern lines. The library is well supplied with the best works on chemistry, botany, physics, pharmacy, physiology, medicine and other subjects having a bearing on manufacturing pharmacy, in addition it receives the best periodical literature on these subjects published in English, German and French. Miss Roberts will give her entire time to its interests.

THE TYPE OF AN IDEAL ETHICAL PROPRIETARY.

For any new proprietary remedy, advertised to physicians exclusively, to achieve success nowadays, it must answer two requirements. First, it must possess real merit, being superior indeed to similar preparation already on the market; second, it must be advertised in a non-offensive, dignified and truthful manner. Chologestin the cholagogue digestive recently introduced to the medical profession, is in our opinion the type of an ideal ethical proprietary, and is therefore bound to achieve success. Its therapeutic value is beyond question, its complete formula, qualitative and quantitative, is freely published and every bit of its advertising is so chaste, so dignified, so scientific, that it cannot fail to carry conviction. We gladly recommend the product to our readers for trial and investigation.—*Critic and Guide,* November, 1907.

TREATMENT OF UTEROVAGINAL CATARRH.

By C. E. Brandenburg, M. D., N. Y. City.

Fifteen months ago Mrs. X. came to me for treatment, giving the following history: Six years previous she had a miscarriage, since which she had been troubled with a profuse leukorrhea of a very foul odor. At her menstrual period she suffered greatly and flowed excessively. On examination the cervix was found to be nearly four times its normal size and so badly eroded as to have every appearance of a cancer and had been mistaken for such by one physician. The uterus was soft and boggy and very much enlarged. She had been to the hospital on two occasions and each time had been curetted, but this seemed only to aggravate the general condition. For over a year I treated her with every means at hand, but to no purpose. I was making preparation for an operation, which would have meant the removal of the uterus, when my attention was drawn to glyco-thymoline and I determined to give it a thorough trial before operative measures were to be

further introduced. An intrauterine douche of glyco-thymoline in 25 per cent. solution was administered; lamb's wool tampons saturated with glyco-thymoline pure were used. She began to improve from the first application. The leukorrhea became less and the odor disappeared entirely. The cervix took on a healthy look. The uterus decreased in size and became firm; in fact she is now nearly well after nine weeks' treatment with glyco-thymoline.

EXAMINATION FOR PANAMA CANAL, FEB. 19-20 1908.

The United States Civil Service Commission announces an examination on Feb. 19-20, 1908, at the places mentioned in the list printed hereon, to secure eligibles from which to make certification to fill vacancies as they may occur in the position of physician, at $150 per month, in the Panama Canal Service. It is probable that about fifteen appointments will be made, this estimate being based upon the number of appointments made during the past year.

The examination will consist of the subjects mentioned below, weighted as indicated:

	Subjects.	*Weights.*
1.	Letter-writing	5
2.	Anatomy	5
3.	Therapeutics	5.
4.	Physical diagnosis (including questions relating to tropical diseases)	25
5.	General pathology and practice (including questions relating to tropical diseases)	25
6.	Bacteriology and hygiene	5
7.	Obstetrics and gynecology	5.
8.	Practical experience	25
	Total	100

Applicants must indicate in their applications that they are citizens of the United States, graduates of recognized medical schools, and have had at least one year's experience as interne in a general hospital. Persons lacking the above qualifications will not be admitted to the examination.

The element of experience will be rated upon the statements made in application Form 1312, and special credit will be given to physicians who show that they have been for more than a year members of the house staff of large metropolitan hospitals.

Men only will be admitted to this examination.

Age limit, 20 to 45 years on the date of the examination.

Each applicant for the Isthmian Canal Service will be required to submit to the examiner, on the day he is examined, a photograph of himself, taken within three years which will be filed with his examination papers as a means of identification in case he receives appointment. An unmounted photograph is preferred. The name, place, and date of examination, the examination number, the competitor's name, and the year in which the photograph was taken should be indicated on the photograph.

The county officer's certificate in the application form need not be executed. No person will be appointed for service on the Isthmus who is not physically sound and in good health. Persons appointed to positions under the Isthmian Canal Commission will be expected to proceed promptly to the Isthmus. Persons examined for positions under that Commission will not be eligible, as the result of such examination, to positions in the United States and Philippine services.

This announcement contains all information which is communicated to applicants regarding the scope of the examination, the vacancy or vacancies to be filled, and the qualifications required.

Applicants should at once apply either to the United States Civil Service Commission, Washington, D. C., or to the secretary of the board of examiners at any place mentioned in the list printed hereon, for application Form 1312. The medical certificate in Form 1312 must be filled in by a reputable practicing physician other than the applicant. No application will be accepted unless properly executed and filed with the Commission at Washington prior to the hour of closing business on February 10, 1908. In applying for this examination the exact title as given at the head of this announcement should be used in the application.